

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH  
 69 County Monroe Registration District No. 581  
 3 Township ..... Primary Registration District No. 4343  
 0 City Monroe city (No. ....) St. .... Ward) .....

2. FULL NAME John Taylor, 460  
 (a) Residence No. .... Ward. ....  
 (Usual place of abode) all his life (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred — yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3495  
 Registered No. 4  
 St. .... Ward) .....

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30<sup>th</sup> 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 4 9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8<sup>th</sup> 1938  
 22. I HEREBY CERTIFY That I attended deceased from Jan 8<sup>th</sup> 1938 to Jan 8<sup>th</sup> 1938  
 I last saw him live on Jan 8<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 1:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Leban Anemia (Date of onset 1938)  
108

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       
 10. Date deceased last worked at this occupation (month and year)      11. Total time (years) spent in this occupation     

Other contributory causes of importance       
108  
Jan 2 1938

12. BIRTHPLACE (CITY OR TOWN) Monroe Co (STATE OR COUNTRY) MO  
 13. NAME Clem Taylor  
 14. BIRTHPLACE (CITY OR TOWN) D-Know (STATE OR COUNTRY)       
 15. MAIDEN NAME Fannie Howard  
 16. BIRTHPLACE (CITY OR TOWN) D-Know (STATE OR COUNTRY)     

Name of operation None Date of       
 What test confirmed diagnosis? Smear Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?      Date of injury     , 19      
 Where did injury occur?      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.     

17. INFORMANT Cassie Taylor (ADDRESS) Hannibal Mo.  
 18. BURIAL, CREMATION, OR REMOVAL St. Jude's Cemetery DATE Jan 10<sup>th</sup> 1938  
 19. UNDERTAKER Wilson & Son (ADDRESS) Monroe city, Mo.  
 20. FILED 1/9<sup>th</sup> 1938 W.D. Pipkin Registrar.

Manner of injury       
 Nature of injury       
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify       
 (Signed) W.D. Pipkin, M. D.  
 (Address) Monroe city, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH