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.

REC'D MAR 14 1938

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

6177
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 253
(c) City St Joseph — (d) Street No. Mo Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Raymond Taylor 460
(a) Residence, No. ..... St. ☐ Cameron Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1922
7. AGE: YEARS 15 — MONTHS 4 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo

FATHER
13. NAME John B Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo

MOTHER
15. MAIDEN NAME Nellie DeWalt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) John Taylor Cameron Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron DATE Feb 27, 1938
19. FUNERAL DIRECTOR (ADDRESS) J W Poland Cameron Mo.
20. FILED 2/26, 1938 H. Nesbitt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1938, to Feb. 26, 1938
I last saw him alive on Feb. 25, 1938. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous ruptured appendicitis	2-23-38
Generalized peritonitis	2-24-38
Acute toxic myocarditis	2-24-38
Other contributory causes of importance: Acute septic bronchitis	2-25-38

Name of operation Appendectomy & drainage Date of 2-25-38
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Cabray Wortley, M. D., M. D.
(Address) 731 Faraon St. St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J W Poland, Licensed Embalmer No. 895

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by A H Doolin, Registered Apprentice No. 99

working under my personal supervision.

Signed J W Poland

Licensed Embalmer No. 895

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)