

REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County LewisTownship LaBelleCity LaBelle (No. 2)Registration District No. 479Primary Registration District No. 4288File No. 11312

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Jacob Taylor 460
(Usual place of abode) LaBelle Mo Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Taylor6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 5 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Ky13. NAME Allen Taylor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Betty Satterfield16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs Jacob Taylor18. BURIAL, CREMATION, OR REMOVAL PLACE LaBelle DATE Apr 6 193819. UNDERTAKER (ADDRESS) Gerth & Dunscomb20. FILED 4/5 1938 J. L. Bourne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 193822. I HEREBY CERTIFY, That I attended deceased from November 1937, to April 3 1938I last saw him alive on April 3 1938. Death is said to have occurred on the date stated above, at 3: A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset _____Other contributory causes of importance Cystitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys 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. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dr. C. A. Fuller M. D.(Address) LaBelle, Mo.

