CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

LEGAL SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Sullivan — Registration District No. 849 — File No. 30193
Township Penn — Primary Registration District No. 6114A — Registered No. 79
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jacob Lowry Taylor
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sadie Cooper Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22, 1878

7. AGE — YEARS: 59 — MONTHS: 11 — DAYS: 26 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Mo.

FATHER
13. NAME: Levi C. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owasco, Mo.

MOTHER
15. MAIDEN NAME: Martha Anna Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal, Mo.

17. INFORMANT (ADDRESS): Willie Taylor, Green City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Owasco — DATE: 8-19, 1938

19. UNDERTAKER (ADDRESS): Glenn E. Kent, Green City, Mo.

20. FILED: Aug 30, 1938 — Virginia Gibson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Aug 17, 1938
I last saw him alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 1:10 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) W. Harrington MD, M. D.
(Address) Green City Mo.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-69

Date Filed 9-14-38