

MISSOURI NOV 2 1938

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

Do not use this space.

1. PLACE OF DEATH

County Newton Registration District No. 611 File No. 36389
Township Seneca Primary Registration District No. 5812 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Nelson Taylor

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha E. McMillen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 29

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) Delington 0
(STATE OR COUNTRY) Mississippi

13. NAME John Adair Taylor 1

14. BIRTHPLACE (CITY OR TOWN) Waco Co. 0
(STATE OR COUNTRY) Georgia Kentucky

15. MAIDEN NAME Marjorie Nelson

16. BIRTHPLACE (CITY OR TOWN) Georgia
(STATE OR COUNTRY)

17. INFORMANT Mrs. Martha Taylor
(ADDRESS) Seneca Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seneca Mo. DATE 9-28 1938

19. UNDERTAKER W. B. Huemler
(ADDRESS) Seneca Mo.

20. FILED Sept 27, 1938 Merle Sparlin
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1938 to Sept 26 1938
I last saw him on Sept 26 1938 Death is said to have occurred on the date stated above, at 11:30 PM

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

Other contributory causes of importance: H²

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? no
If so, specify T. B. Huemler, M. D.
(Signed) _____
(Address) Seneca Mo.

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

District Health Officer No. 6,

District File Number 6-38-492

Date Filed NOV 5 1988