

JAN 28 1940

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

43523
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
(b) Township Bonne Femme Primary Registration District No. 5-527 Registered No. 87
(c) City _____ (d) Street No. Howard County Infirmary 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 TAYLOR
(a) Residence, No. Glasgow Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Nettie Haley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 1890</u>		
7. AGE <u>49</u>	YEARS <u>10</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Common Labor</u>
10. Date deceased last worked at this occupation (month and year) <u>1932</u>		11. Total time (years) spent in this occupation <u>16</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Missouri</u>		
13. NAME <u>William E. Taylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>		
15. MAIDEN NAME <u>Mary Burk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Wesley Ray Taylor</u> (ADDRESS) <u>Glasgow Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Green</u> DATE <u>Dec 21 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walker Audley Glasgow Mo.</u>		
20. FILED <u>Jan 5 1940</u> <u>V. C. Bonham</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1939, to 39, 1939.
I last saw him alive on 12-18 1939. 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:
Diabetic Coma
Date of onset 12-13-39

Other contributory causes of importance:
Chronic Diabetes Mellitus 1925

Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____
(Signed) W. B. Bloom, M. D.
(Address) Glasgow 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
District Health Officer No. 8,
District File Number 111140
Date Filed 11/11/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. Walker Audsley

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow, Md.

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

If this body is not embalmed, above space should be left blank.