

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

Do not use this space.

FILED JUN 13 1941

1874984

1. PLACE OF DEATH

County Polk
Township 6. Looney
City Brighton (No. 1)

Registration District No. 707
Primary Registration District No. 5-36

File No. _____
Registered No. 5-0
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie M. Taylor

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to May 26, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 - 1885

I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

7. AGE YEARS 72 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

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

Cardio Vascular Renal Disease Date of onset _____

8. 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) Mar. 1932 11. Total time (years) spent in this occupation 60

Other contributory causes of importance: None

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

13. NAME Jesse Austin Taylor

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Jane Caroline Stokes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs. Hattie M. Taylor (ADDRESS) Brighton, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hobelwood Cemetery DATE May 29 1938

Manner of injury _____

Nature of injury _____

19. UNDERTAKER Hutchinson 18 Ave (ADDRESS) Polina Mo.

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

If so, specify _____

20. FILED May 28, 1938 Mrs. Hattie M. Taylor Registrar.

(Signed) Doyle C. McGraw, M. D.

(Address) Polina Mo.

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. 7,

District File Number 6-41-1004

Date Filed 6-11-41

B
41
7852

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18749

Registration District No. 207

Primary Registration District No. 5986

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Looney
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Allen Emery Taylor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 72 Months 7 Days 26 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug-10-44 (b) Hillard R. Dutton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Brighton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Dorle C. McCraw (M. D. or other) _____

Address Bolivar mo Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Handwritten scribbles and illegible text at the top left.

Handwritten mark, possibly "JIP".

S-18749 1941

Handwritten text at the bottom right, possibly "11-12-41" and "H. J. ...".