

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

Registration District No. _____ Primary Registration District No. **5830**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Rural**
(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 **John Edwin 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, **single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct 24 1878**
(Month) (Day) (Year)
8. AGE: Years **78** Months **0** Days **17**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Taylor**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name **Anna Taylor**
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **John Taylor**
(b) Address **11-1-48**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 25-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mount Olive**

18. (a) Signature of funeral director **Taylor & Sons**
(b) Address **St. Louis, Mo.**

19. (a) **11-1-48** (Date received local registrar) (b) **Thomas M. Sheeter** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Normal**
(c) City or town **St. Leon Mo. R. Rd.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24** year **1948** hour **one** minute **30** M.
21. I hereby certify that I attended the deceased from **8-7-48** to **10-24-48**
that I last saw him alive on **Nov. 22-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Face**
Due to **Heart Condition**
Other conditions (include pregnancy within 3 months of death) **53**

Duration **19**
46
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 **10**
23. Signature **J. P. Crandall** (M. D.)
Address **J. E. Eddy** Date signed **10-25-48**

