

DEC 4 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40031

1. PLACE OF DEATH

County SchuylerRegistration District No. 865Township GlennwoodPrimary Registration District No. 6049City Glennwood(No. 1)St. Mo.Ward 1

2. FULL NAME

William Taylor(a) Residence. No. 1St. Mo.Ward. 1

(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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

unwed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Sarah Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 18 1849

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

87016

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana
Leavenworth

10. NAME OF FATHER

Marshall Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Leach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana
Leavenworth

14.

INFORMANT

(Address)

Mr Marshall Taylor
Glennwood Mo

15.

FILED

Oct 30 1936W. H. Drake

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 22 1936

17.

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1936, to Oct 22, 1936, that I last saw him alive on Oct 20, 1936, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infant pneumonia in left lung

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Infirmitis of age

(duration)

yrs.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. H. Drake

M. D.

10-29, 1936 (Address) Glennwood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

BethelOct 23 1936True MoreheadLancaster

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.

