

Registration District No. 1085Primary Registration District No. 74861. PLACE OF DEATH: At Home(a) County Muhlenberg
(b) City or town Graham
(If outside city or town limits, write 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 community 22 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg
(c) City or town Graham
(If outside city or town limits, write RURAL)(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Ollie Taylor.3(b) If veteran, _____ 3(c) Social Security
Name war. _____ No. ##4. Sex Male 5. Color or race Negro 6(a) Single, widowed, married,
divorced single6(b) Name of husband or wife #6(c) Age of husband or wife if alive # Years7. Birth date of deceased Aug 21 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
44 7 25 hr. min.9. Birthplace Ohio County10. Usual occupation miner

11. Industry or business _____

FATHER 12. Name Miles Taylor13. Birthplace Ohio CountyMOTHER 14. Maiden name Dont know15. Birthplace Dont know16(a) Informant's own signature Elizabeth McDowell(b) Address Louisville Ky

17. BURIAL, CREMATION OR REMOVAL

Place Graham Ky Date 4/19/4018(a) Signature of funeral director Eugene Sallust(b) Address Greenville Ky19(a) April 19, 1940 (b) James Carter
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 4021. I hereby certify that I attended the deceased from Jan 15 1940
to January 30 1940 that I last saw him alive on
January 19 1940, and that death occurred on the date
stated above at 3:00 P. M.

Immediate cause of death

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations none 95Of autopsy none

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? in or about home, on farm, in industrial place,
in public place? _____
(Specify type of place)

While at work? _____

(e) Means of injury 596323. Signature Dr. C. E. Thomas
(M. D. or other)Address Graham Ky Date signed 4/19/40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH U.S. BINDING INK—THIS IS A PERMANENT RECORD—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.