

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17059
State File No. 75
Register's No. 75

Register's District No. 1205 Primary Registration District No. 8101

| | | | |
|--|------------------------------------|---|------------------------------------|
| 2. PLACE OF DEATH | | 3. USUAL RESIDENCE OF DECEASED: | |
| (a) County <u>Rockcastle Co</u> | (a) State <u>Ky</u> | (b) County <u>Rockcastle</u> | (b) City or town <u>Paris (Ky)</u> |
| (c) City or town <u>Paris, Ky</u> | (c) City or town <u>Paris (Ky)</u> | | |
| (d) Name of hospital or institution: | | (d) Street No. | |
| (e) Length of stay: In hospital or community | | (e) If foreign born, how long in U. S. A.T. | |

2(a) FULL NAME Robert Burke Taylor

2(b) If veteran, No. 1205 Social Security No. 1205

4. Sex M Color or race W Single, widowed, married, divorced Single

6(a) Name of husband or wife _____

6(b) Age of husband or wife if alive _____ Years

7. Birth date of deceased Aug 14, 1870

8. AGE: 77 Months _____ Days _____ If less than one day _____

9. Birthplace Rockcastle Co Ky

10. Usual occupation Farmer

11. Industry or business 1

12. Name James Taylor

13. Birthplace Muhlenberg

14. Maiden name Margaret Ramsey

15. Birthplace Muhlenberg

Informant's own signature R. B. Taylor

Address Paris, Ky

BURIAL, CREMATION, OR REMOVAL
Place Family Date 5-15-48

Signature of Burial Director W. H. Coyle

Address Paris, Ky

Date reported by informant Aug 20, 1948 Informant's signature [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1948

21. I hereby certify that I attended the deceased from Aug 5 1948

to Aug 11 1948 and that death occurred on the date stated.

Immediate cause of death Apoplexy

Due to High Blood Pressure

Other conditions _____

Major findings of operation C.P.A. - 11-2-

Other findings _____

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

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

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? _____

(Specify type of place)

(d) While at work? _____

(e) Means of injury _____

23. Signature J. B. Cunningham

Address Paris, Ky

Date reported by informant 8/19/48

Robert Burke "Bob" Taylor
Son of James F. Taylor and Margaret Ramsey