

Cynthiana Democrat - July 3, 1941

ROBERT LARRY TAYLOR

Robert Larry Taylor, 16-month-old son of Mr. and Mrs. Willie W. Taylor, died Sunday at the Harrison Memorial hospital after a 10-day illness. Besides his parents he is survived by four sisters, Mrs. F. C. Kim of Oaktown, W. Va., Miss Nancy T. Taylor, Lois Belle and Marietta Taylor, and a brother, Billy Taylor, all of this city. Funeral services and burial were held in Battle Grove cemetery Tuesday afternoon, the Rev. E. B. Wooten officiating.

Taylor, Robert Larry 1940 - 1941

17177

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. _____
Registrar's No. 102

Registration District No. 670 Primary Registration District No. 5801

1. PLACE OF DEATH:

(a) County HARRISON
(b) City or town CYNTHIANA
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution HARRISON MEMORIAL HOSPITAL
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 1 day
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Harrison
(c) City or town Cynthiana
(If outside city or town limits, write RURAL)
(d) Street No. N. Miller Street
(If rural give precinct)
(e) If foreign born how long in U. S. A. ? _____ years

3(a) FULL NAME ROBERT LARRY TAYLOR

3(b) If veteran, _____ **3(c) Social Security** _____
Name war No.

4. Sex male **5. Color or race** white **6(a) Single, widowed, divorced,** single

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

7. Birth date of deceased February 18, 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Day 13 If less than one day hr. _____ min. _____

7. Birthplace Cynthiana, Kentucky

10. Usual occupation _____
11. Industry or business _____

FATHER **12. Name** William Taylor
13. Birthplace Fleming County, Kentucky

MOTHER **14. Maiden name** Viola Turner
15. Birthplace Harrison County, Kentucky

16(a) Informant's own signature W. W. Taylor
(b) Address Cynthiana, Kentucky

17. BURIAL, CREMATION, OR OTHER DISPOSITION
Place Battle Grove **Date** _____ 1941

18(a) Signature of funeral director James S. Whaley
(b) Address Cynthiana, Kentucky

19(a) Date received by local registrar July 1, 1941 **(b) Registrar's signature** Marshall McDowell

20. DATE OF DEATH June 29 1941

21. I hereby certify that I attended the deceased from 6-8 1941
to 6-27 1941 that I last saw him alive on _____
at _____, and that death occurred on the date stated above at 3:30 P. M.
Immediate cause of death: This is correct.
Due to _____
Other conditions (include pregnancy within 3 months of death) 119A

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? In or about home, on farm, in industrial place
in public place? _____ (Specify type of place)
While at work? _____ (Specify type of work)
(d) Means of injury _____

23. Signature [Signature] **(M. D. or other)** _____
Address Cynthiana **Date signed** 7-1-41

Portrait.