

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(N. City Hospital #2)

File No. 22347

Registered No. 6536

St.

Ward)

2. FULL NAME

(a) Residence. No. 2735 Laclede St.

(Usual place of abode)

Pr. Ward.

Length of residence in city or town where death occurred 12 yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

Negro

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

married

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

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

9-13-1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

45

2

3

8. OCCUPATION OF DECEASED

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

Watchman

(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)

St. Louis

10. NAME OF FATHER

Dan Taylor

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

12. MAIDEN NAME OF MOTHER

Marie Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

14.

INFORMANT

(Address)

Mrs. F. Woodard
City Hospital #2

15.

FILED

JUN 21 1928

M. C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 16 1928

17.

I HEREBY CERTIFY That I attended deceased from June 16 1928, to June 16 1928, that I last saw him alive on June 16 1928, and that death occurred, on the date stated above, at 11:20 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Diffuse Peritonitis

CONTRIBUTORY (SECONDARY)

Perforating Gastric ulcer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. C. Thomas, M.D.
City Hospital #2

*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

Washington Park

DATE OF BURIAL

6-21-1928

20. UNDERTAKER

Peoples and Co. Franklin

