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

Do not use this space.

30576

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1007 — Registered No.:
City: Kansas City Mo (No. R.C. General Hospital St. Ward)

2. FULL NAME: Benj Taylor
(a) Residence. No. Leeds Mo St., 14 Ward.
(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): Married

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

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

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Iron Worker
(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): Wisc

PARENTS
10. NAME OF FATHER: Luther Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N York
12. MAIDEN NAME OF MOTHER: Mariah Jacobs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N York

14. INFORMANT: Record Clerk
(Address): General Hospital

15. FILED 9/16 1928 M M Crow
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 15 1928

17. I HEREBY CERTIFY, that I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Leptomenin following trauma 2 days
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Cellulitis 2 days
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1935
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Hand P. Gaughey, M. D
9/15, 1928 (Address) Deputy Coroner

*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: Minneapolis Minn — DATE OF BURIAL: 9/16 1928

20. UNDERTAKER: O'Mara — ADDRESS: 1915 Cass Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD