

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

Do not use this space.

32380

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

St. Louis (No. *City Hosp # 2*)

File No.....

Registered No. **9711**

St.....

Ward.....

2. FULL NAME

(a) Residence. No. **2631**

Samble

St. **21**

Ward.....

(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

Col

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

Single

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

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

Sept 17 1913

7. AGE

YEARS
15

MONTHS

DAYS
10

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lexington Miss.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Percy Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Alay Sallie Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

*Sallie Mitchell
2631 Samble*

15.

FILED *OCT -2 1928*

Max C Starck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9-27-28 19

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at *4-45 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

210 M

Shock & Injuries (Internal) Struck by auto truck in City of St. Louis, Mo.

CONTRIBUTORY (SECONDARY)

Accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Max Dever

Dr. 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

DATE OF BURIAL

Father Dixon

10-2 1928

20. UNDERTAKER

ADDRESS

A. F. Watson

2701 Stockard St.

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.

