

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

Do not use this space.

40953

1. PLACE OF DEATH

County Jackson
 Township Kear
 City Kansas City (No. 3918)

Registration District No. 399

Primary Registration District No. 1007

File No. _____
 Registered No. 53301 (Ward)

2. FULL NAME

William Brodhead Taylor

(a) Residence. No. 3918 Harrison St., 6 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Flora C. Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-30-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 11 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work journalist
 (b) General nature of industry, business, or establishment in which employed (or employer) K.P. Star
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)

10. NAME OF FATHER R.B. Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rachel Brodhead

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Flora C. Taylor
 (Address) 3918 Harrison

15. FILED 12-21-28 M.M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Dec 29, 1928, that I last saw him alive on Dec 19, 1928, and that death occurred, on the date stated above, at 7 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
132 B (duration) yrs. 1 1/2 mos. da.
 CONTRIBUTORY (SECONDARY) urinary
 (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Paul V. Wooley, M. D.
12-20, 1928 (Address) 304 Argyle Bldg

*State the DISEASE CAUSING DEATH, or if 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 Forest Hill Cemetery DATE OF BURIAL 12/29 1928

20. UNDERTAKER Stone & McClure ADDRESS 3235 Gillham Plaza

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

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.

