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

Do not use this space.

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12853

File No. 3395

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 4158 St. Ferdinand St. St. Ward)

2. FULL NAME Leroy Taylor

(a) Residence. No. 4158 St. Ferdinand St. 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 27, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	6	18	

8. OCCUPATION OF DECEASED

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

(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) Mississippi

PARENTS

10. NAME OF FATHER John Taylor

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

12. MAIDEN NAME OF MOTHER Flora Taylor

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

14. INFORMANT Janie Taylor
(Address) 4158 St. Ferdinand St.

15. FILED MAR 19 1929 Max C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15-1929

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1929, to March 15, 1929 that I last saw him alive on March 12, 1929, and that death occurred, on the date stated above, at 4.45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: (acute pneumonic tuberculosis)

Tuberculosis of the lungs.

23A (duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH o

DID AN OPERATION PRECEDE DEATH? no DATE OF o

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? o

(Signed) John Paul Nemours, M. D.

3/15, 1929 (Address) 3142 Franklin Av.

*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 Greenwood Cemetery

DATE OF BURIAL 3-19 1929

20. UNDERTAKER Gates Funeral Home

ADDRESS 4107 Finney

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.

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