

**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.....
Township..... Primary Registration District No. **791**
City **St Louis** (No. **1902**) **Sample Ave** St. Ward)

19505
File No. **5099**
Registered No.
St. Ward)

2. FULL NAME

George P. Taylor
(a) Residence. No. St. **0** Ward.
(Usual place of abode)
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 MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-4 1929**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE **Margaret Taylor**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 22 - 1929**, to **May 4 1929**, and that I last saw him alive on **May 12 1929**, and that death occurred, on the date stated above, at **7:40 P. M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 18 1866**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 6 16

Chronic Myocarditis
gangrene rt great toe
Amputation of great toe (RT)
CONTRIBUTORY (SECONDARY) **Jan 24 1929**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Private Watchman**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED
IF NOT IN PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Jan 29 1929**

10. NAME OF FATHER **Robert Taylor**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St Ferdinand** DATE OF BURIAL **5-7 1929**

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

20. URDERTAKER **Arthur J Donnelly** ADDRESS **2039 Wash &**

12. MAIDEN NAME OF MOTHER **Ellen Patton**

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

14. INFORMANT **Margaret Taylor** (Address) **1902 Sample Ave**

15. FILED **47-6 1320** REGISTRAR **Arthur J Donnelly**

1866

5478 ⁶ *Ammonia*