

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

Do not use this space.

16138

1. PLACE OF DEATH

County Jackson
Township How
City St. Charles

399
Registration District No. 1002
Primary Registration District No. 1002

File No. 2154
Registered No. 2154
St. _____ Ward _____

2. FULL NAME

William E. Taylor
(a) Residence. No. 6230 Perry St. 12 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oloneida E. Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 12 - 1888</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>10</u>	DAYS <u>29</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Salvager</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Salvager</u> (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to May 11 1930, that I last saw him alive on May 9 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heartdys.
23A
23B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Tuberculosis Pulmonary (duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Permy

10. NAME OF FATHER
unknown

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

12. MAIDEN NAME OF MOTHER
unknown

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

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture
(Signed) A. Bruckner M. D.
5/1 1930 (Address) 920 Market

*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.

14. INFORMANT Donald J. Taylor
(Address) 6230 Perry

15. FILED 5/12 1930 M. M. Crowe
REGISTRAR
Assn

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Mt Washington

DATE OF BURIAL
May 13 1930

20. UNDERTAKER
Rose Henderson

ADDRESS
157 Oak

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

337
2
31

Dr Mullerney

6230 Perry
Taylor