

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

Do not use this space.

22972

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City W.C. Mo. (No. 340 North Bellvue)

File No. _____
 Registered No. 2454
 St. _____ Ward _____

2. FULL NAME

Frances Elizabeth Taylor
 (a) Residence. No. 340 North Bellvue St. Ward 10
 (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 Female 4. COLOR OR RACE Wh. 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) April 19-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 2 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Edgar C. Taylor

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

12. MAIDEN NAME OF MOTHER Myrtle Petmore

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

14. INFORMANT Evelyn Taylor
 (Address) 340 No. Bellvue

15. FILED 7/18, 1930 M. M. Crowe REGISTRAR
Ask

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 7-14, 1930, to 7-17, 1930, that I last saw him alive on 7-17, 1930, and that death occurred, on the date stated above, at 1139 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Infarction - Pericarditis
Adhesiva
131
92A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial Infarction
Chronic Arteriosclerosis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy & Chemical
 (Signed) Edwin A. Myers, M. D.
7-17-1930 (Address) 815 St. Just Bldg.

*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 St. A. Washington DATE OF BURIAL July 19 1930

20. UNDERTAKER Wm. L. Foster ADDRESS W.C. Mo.

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.

24
4
2

Sheet 39 on 3925
4225 ~~Handwritten~~ He 4334
at home ~~Handwritten~~ 1712