

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

Do not use this space.

25436

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City..... (No. St. Ward)

File No.
Registered No. 7673

2. FULL NAME

George H Taylor
(a) Residence. No. 2753 Chark St., 21 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Food Carrier
(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) Missouri

10. NAME OF FATHER Harvey Taylor

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

12. MAIDEN NAME OF MOTHER Margaret Harris

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

14. INFORMANT Lucinda Taylor
(Address) 2753 Chark

15. FILED 31 19 11 W.C. Stark REGISTER

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to July 28, 1930, that I last saw him alive on July 28, 1930, and that death occurred, on the date stated above, at 1018.0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis

131
1821
CONTRIBUTORY (SECONDARY) Uraemia (duration) 3 yrs. 6 mos. - ds.

(duration) - yrs. - mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED 129 W
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF 129 W
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Theo W Engelmann M. D.

729, 1930 (Address) 5043 Vernon
*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 DATE OF BURIAL
Greenwood Cemetery Aug-1-1930

20. UNDERTAKER ADDRESS
W.C. Gordon Undert. Co 2649
Morgan

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.

