

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

Do not use this space.

5482

**1. PLACE OF DEATH**

County Jackson

Registration District No. 502

Township Kearl

Primary Registration District No. 103

City Kennett (No. Kennett City)

Registered No. 570 (Ward) Emmetsburg St.

**2. FULL NAME**

(a) Residence. No. 2212 Kansas 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

Male

4. COLOR OR RACE

White

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)

1-7-1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

25

8. OCCUPATION OF DECEASED

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

Chief

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kennett City

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Ralph Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Road Roach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kennett

(STATE OR COUNTRY)

14.

INFORMANT

Rebecca L. Smith

(Address)

Kennett City, Ind. Hosp.

15.

FILED

2/6 1931 M. M. Crowl

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-1-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-31, 1931, to 2-1-1931, that I last saw him alive on 2-1-1931, and that death occurred, on the date stated above, at 1:48 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Upper Respiratory Infection  
Broncho pneumonia  
(duration) yrs. mos. ds. 10 mos.  
CONTRIBUTORY franklin 1931  
(SECONDARY) (duration) yrs. mos. ds. 1931

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Williams, M. D.  
2/2, 1931 (Address) General Hosp.

\*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

Leeds DATE OF BURIAL 2-3 1931

20. UNDERTAKER

John J. Sheehan ADDRESS K. E. M.

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.

Ronald Taylor

Ronald Taylor = (Baby)  
Leeds