

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

Do not use this space.

22731

1. PLACE OF DEATH

County St. Louis
Township CARONDALET
City Koch, Mo. (No. Koch Hospital)

Registration District No. 112B
Primary Registration District No. 6248 B

File No. _____
Registered No. 237
St. _____ Ward _____

2. FULL NAME

William J. Taylor
(a) Residence. No. 3015 Missouri St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 4 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 5 1

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John W. Taylor

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

12. MAIDEN NAME OF MOTHER Margaret Tucker

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

14. INFORMANT Koch Health Records (Address) Koch, Mo.

15. FILED June 28, 1931 L. C. Obrock, M.D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1930, to June 27, 1931, and that I last saw him alive on June 26, 1931, and that death occurred, on the date stated above, at 7:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A

CONTRIBUTORY (SECONDARY) Tuberculosis meningitis (duration) 3 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS, (Signed) Taylor & Geist, M.D.

, 19 (Address) Koch, Mo.

*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

St. Peter - Paul Cemetery June 30, 1931
20. UNDERTAKER ADDRESS

J. H. Stubbins 2630 Gravois av

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.

JUL 26 1931

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