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.

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

Do not use this space.

24927

File No. .....

Registered No. 2912

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 100

City Kansas City (No. 3212 Lexington St. ..... Ward)

2. FULL NAME Emma Huling Taylor

(a) Residence, No. 3213 Lexington St., ? 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1854

7. AGE: Years 77 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. agent-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curtis Pub. Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Ind.

FATHER

13. NAME John P. Huling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER

15. MAIDEN NAME Maria Wysong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Miss Flora Huling 3929 Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 3, 1931

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS 3811 Broadway

20. FILED 7/2, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1931

22. I HEREBY CERTIFY That I attended deceased from June 30, 1931, to July 1, 1931, and last saw him alive on July 1, 1931. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
9 yrs, Probably 4 or 5 yrs duration	
19	
Other contributory causes of importance:	
Heat Prostration	July 1, 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. Donaldson M. D.

(Address) 714 Chambers Bldg

J. T. Chambers Esq