

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.
26424

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4328 Cottage**)

File No.
Registered No. **7573**
St. Ward)

2. FULL NAME

Bryant Taylor
(a) Residence, No. **4328 Cottage 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 **col.** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS **85** MONTHS **—** DAYS **—** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer 189**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **City Street Cleaner 152**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **John Taylor 4328 Cottage St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **7/6/1931**

19. UNDERTAKER (ADDRESS) **Peoples Ind. Co 31001 Grand Central**

20. FILED **JUL -6 1931** **May C. Parker** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/2/1931**

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at **4:50 P.**

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

Allegedly following Gun Shot Wounding of the Chest Which Was accidentally Discharged
Other contributory causes of importance: **Accident**

Name of operation **184** Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury: **6/22, 1931**

Where did injury occur? **Sp. House No. 1** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Gun Shot wound**
Nature of injury **Accidental Discharge of Revolver**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **J. W. Kerne, M. D.**
7/6/31 (Address) **Dep. Kerne**

