

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

29819 Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 683
 City St. Louis (No. 2516 N. 10th St.) St. Ward)

2. FULL NAME

Samuel S. Taylor
 (a) Residence, No. 2516 N. 10th St., No 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 <u>M.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Una Taylor</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1844</u> | | |
| 7. AGE YEARS <u>87</u> | MONTHS <u>5</u> | DAYS <u>23</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labor</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) <u>Jan. 1920</u> | | 11. Total time (years) spent in this occupation <u>33</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kenn.</u> | | |
| 13. NAME <u>John S. Taylor</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kenn.</u> | | |
| 15. MAIDEN NAME <u>May Dittle</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kenn.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Robert Randolph</u> <u>2516 N. 10th St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Caladonia Mo</u> DATE <u>Aug. 20</u> , 19 <u>31</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>J. S. Boyer</u> <u>Leadwood Mo</u> | | |
| 20. FILED <u>Aug 18 1931</u> 19. <u>W. C. Stanley</u> Registrar. | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1931

22. I HEREBY CERTIFY That I attended deceased from May 31, 1931, to Aug 18, 1931
 I last saw him alive on Aug 17, 1931. Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis (Date of onset)
92A
106A 92A
 Other contributory causes of importance:
Acute Bronchitis
non Tubercular
 Name of operation none Date of.....
 What test confirmed diagnosis? clinical 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?
 If so, specify Geo Edwin Cook
 (Signed) Geo Edwin Cook, M. D.
 (Address) 1509 N. 9th St
St. Louis Mo

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.

