

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

Do not use this space.

1106

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. 144
 St. _____ Ward _____

2. FULL NAME

Rev William H. Taylor
 (a) Residence, No. 2639 Benton Blvd. 11 Ward. (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Allie S. Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 1913
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 82
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) St. Terrace 2
 (STATE OR COUNTRY) Ohio

13. NAME John Taylor

14. BIRTHPLACE (CITY OR TOWN) Unknown 31
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Allie S. Taylor
 (ADDRESS) 2639 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Jan. 16, 1932

19. UNDERTAKER W. A. Newcomer's Sons
 (ADDRESS) Kansas City, Mo.

20. FILED Jan 14 1932 32 M. G. M. Lerome
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 8, 1932 to Jan. 13, 1932
 I last saw him alive on Jan. 13, 1932. Death is said to have occurred on the date stated above, at 2:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Chronic myocarditis
930
 Other contributory causes of importance:
Cerebral hemorrhage Jan 9

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? no
 If so, specify _____
 (Signed) E. D. Petry M. D.
 (Address) 578 Argyle Bldg
Hamilton City 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.

518 Argyle Bldg.

11:30 - 7:30