

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.

8808

**1. PLACE OF DEATH**

County Jackson Registration District No. 30  
 Township Kew Primary Registration District No. 100  
 City Kansas City (No. K.C. General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1719  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 810 Jackson St. / Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 18 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 / 1862

7. AGE YEARS 69 MONTHS 10 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER  
 13. NAME Joshua Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER  
 15. MAIDEN NAME Elizabeth Makers

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

17. INFORMANT (ADDRESS) Reva Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 4-25-32

19. UNDERTAKER (ADDRESS) Capitoni

20. FILED 4/25 1932 M. M. Jerome Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1932 to 3-13 1932

I last saw him alive on 3-13 1932 Death is said to have occurred on the date stated above, at 9:20 P. m.

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

Septic Myocarditis Date of onset \_\_\_\_\_  
93C  
93C  
 Other contributory causes of importance: Arctic Stenosis ①

Name of operation none 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 \_\_\_\_\_, 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 \_\_\_\_\_  
 (Signed) P. E. Williams M. D.  
 (Address) Sept K.C. Gen. Hosp K.C. Mo.  
3-14-32

1931  
1969  
1962