

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

Do not use this space.

15615

1. PLACE OF DEATH

24 County Clay Registration District No. 198
 7 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Missouri. Veterans Hospital St. 3rd Ward

File No. _____
 Registered No. 59
 St. 3rd Ward

2. FULL NAME TAYLOR, Earl

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 583 Harrison, K. C. Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 56 4

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

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

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) Missouri

13. NAME Henry Taylor

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

15. MAIDEN NAME Fanny - (name unknown)

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

17. INFORMANT Veterans Hospital, Excelsior Springs, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 5-4-32

19. UNDERTAKER H. B. Moore, Kansas City, Mo.

20. FILED May 4, 1932 H. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, 19....., to May 4, 1932, 19.....

I last saw him alive on May 4, 1932, 19..... Death is said

to have occurred on the date stated above, at 2:10 am

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

Valvular heart disease, aortic regurgitation, hypertrophy

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? EXAM. & OBS. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury _____, 19.....
 Where did injury occur? none

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury _____
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify unknown

(Signed) James H. Case, M. D.
 (Address) Excelsior Springs, Mo.

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.

MAY 23 1932

OCCUPATION FATHER MOTHER

