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.

16068

File No.

Registered No. 1859

1. PLACE OF DEATH
County Jackson
Registration District No. 208
Township Kaw
Primary Registration District No.
City Kansas City (No. 4709 McGee St. Ward)

2. FULL NAME Henry B. Taylor
(a) Residence, No. 4709 McGee St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5, 1864

7. AGE: Years 67 Months 7 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retaired Casher
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) Palo Kansas

FATHER
13. NAME Ceril Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME Julia A. Ingall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.

17. INFORMANT Mrs Cordie J. Bilger
(ADDRESS) 4709 McGee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill. DATE May 6 1932

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED May 6, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1931, to May 5, 1932
I last saw him alive on May 4, 1932. Death is said to have occurred on the date stated above, at 6:A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular insufficiency
Q 24
Q 2 A
Q 24

Other contributory causes of importance:
Pernicious anemia
(1)

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

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) J. B. Carlin, M. D.
(Address) 2414 Indiana K.C. Mo.

2414 [illegible]

[illegible] 0621 — 2:01