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.

16297

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2090

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Convention Hotel St. Ward)

2. FULL NAME Robert Marvin Taylor

(a) Residence, No. Convention Hotel St., Ward.
(Usual place of abode) 327 W. 12th (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25, 1870

7. AGE: YEARS 62 — MONTHS 3 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work Ch 255

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): Missouri

FATHER

13. NAME: Zacariah Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Louisa Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Miss Ross Convention Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monticello DATE 5/25 1932

19. UNDERTAKER (ADDRESS): Stine McClure MO

20. FILED May 24 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to May 22, 1932

I last saw him alive on May 22, 1932. Death is said to have occurred on the date stated above, at P. m. 4:15

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

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Coma

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Date of onset

Other contributory causes of importance:

Chronic Nephritis (1)

Name of operation — Date of

What test confirmed diagnosis? Phys. origin & urinalysis — 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) J. J. Davis, M. D.

(Address) 907 Waldheim