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.

33783

File No. 9083

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 31

Township ..... Primary Registration District No. 1003

City St Louis (No. 2219a Market St. ..... Ward)

2. FULL NAME Flordia Ellis Taylor

(a) Residence, No. 2219a Market St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 28 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 35
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): New Orleans La

FATHER

13. NAME: James Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Orleans La

MOTHER

15. MAIDEN NAME: Augusta Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Orleans La

17. INFORMANT (ADDRESS): Augusta Elliott 2219a Market St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Oct 13th 1932

19. UNDERTAKER (ADDRESS): E. L. Blad Und. Co 2726 Pulaski Ave.

20. FILED OCT 13 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1932, to Oct 10, 1932

I last saw her alive on Oct 8, 1932 Death is said to have occurred on the date stated above, at 12 30 a.m.

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

	Date of onset
Tuberculosis of Rectum	

Other contributory causes of importance: 25 ①

Name of operation ..... 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) Vincent J. Mueller, M. D.

(Address) 2335 Franklin