

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

Do not use this space.

**19646**

**1. PLACE OF DEATH**

County JACKSON Registration District No. 299  
Township KAW Primary Registration District No. 1002  
City KANSAS CITY (No. LAKE SIDE HOSPITAL)

File No. 200-111  
Registered No. 20.111  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** MISS HELEN M TAYLOR

(a) Residence, No. 7212 MADISON St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DECEMBER 20 1913</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>STUDENT</u>	10. Date deceased last worked at this occupation (month and year) _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>351</u>	11. Total time (years) spent in this occupation <u>4 1/2</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KANSAS CITY MISSOURI</u>
	13. NAME <u>LLOYD C. TAYLOR</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>FORT WAYNE INDIANA</u>
	15. MAIDEN NAME <u>PEARL C. MURPHY</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SLATER MISSOURI</u>
	17. INFORMANT (ADDRESS) <u>MR. LLOYD C. TAYLOR 7212 MADISON ST</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. WASHINGTON</u> DATE <u>JUNE-6 1933</u>
	19. UNDERTAKER (ADDRESS) <u>D W NEWCOMER'S SONS 2111 EAST 9TH ST</u>
20. FILED <u>June 5 1933</u> <u>M M Coyne</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 4 1933

22. HEREBY CERTIFY, that I attended deceased from MAY 20 1933 to JUNE 4 1933

I last saw her alive on JUNE 3 1933 Death is said to have occurred on the date stated above, at 4:45 A.M.

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

ACUTE APPENDICITIS (Date of onset 5/30/33)  
PAND  
ACUTE SALPINGITIS  
(Monococcus)  
ACUTE TOXIC MYOCARDITIS

Other contributory causes of importance:

Name of operation Appendectomy etc Date of 5/31/33  
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) Charles Alhante M. D.  
(Address) 230 HERBY Bldg

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.

230 Mary Bldg

10-6