

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

Do not use this space.

27268

1. PLACE OF DEATH
 80 County Pitts Registration District No. 668
 4 Township Sedalia Primary Registration District No. 3032
 8 City Sedalia (No. Hospital No. 2) St. _____ Ward _____
 2. FULL NAME Frank Taylor
 (a) Residence, No. 409 72 mill St. 2 Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

File No. _____
 Registered No. 200
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) port Knw
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 55 yrs
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
 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) 1932 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) port Knw
 FATHER 13. NAME Frank Taylor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 MOTHER 15. MAIDEN NAME Harriet Reed
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 17. INFORMANT Charley Taylor
 (ADDRESS) 1640 520 St Kansas City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE Aug 18 1933
 19. UNDERTAKER Wm O'Connell
 (ADDRESS) Sedalia
 20. FILED Aug. 18 1933 Jeann Slack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14th 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 29th 1931, to August 14 1933
 I last saw h. i. m. alive on Aug 14th 1933. Death is said to have occurred on the date stated above, at 8:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of Heart
(myocarditis)
 Other contributory causes of importance:
Chronic Interstitial Nephritis
 Name of operation not any Date of _____
 What test confirmed diagnosis? Smear, lab Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? _____
 If so, specify _____
 (Signed) A. R. Maddox, M. D.
 (Address) 116 1/2 W. Union

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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1978-79

1979-80

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2010-11