

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

Do not use this space.

36436

1. PLACE OF DEATH
 County Jackson Registration District No. 3038
 Township Kaw Primary Registration District No. Baltimore
 City Kansas City (No. 3038 Baltimore) St. MO Ward 10

2. FULL NAME William E. Taylor
 (a) Residence, No. 3038 Baltimore St. _____ Ward _____
 (Usual place of abode) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 10 14

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

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) Kansas City
 (STATE OR COUNTRY) Kansas

13. NAME Alfred Taylor

14. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

15. MAIDEN NAME Hettie Lane

16. BIRTHPLACE (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

17. INFORMANT Mrs Lillie Taylor
 (ADDRESS) 3038 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE NOV 7 33

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

20. FILED Nov 6, 1933 M. M. Kerove
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 4, 33 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Nov 4, 1933

I last saw him alive on Nov 4, 1933 Death is said to have occurred on the date stated above, at 9:45 p.m.

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

Pulmonary Tuberculosis Date of onset 1929

Other contributory causes of importance: 234

Name of operation no 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 _____, 1933

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) Geo. G. O'Brien, M. D.
 (Address) 800 Med Arts Bldg K.C. Mo.

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.

JAN 9 1934

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Dr. J. W. Baker

Med. Arts Bldg.