

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 20383
 Township Lead Primary Registration District No. 1-1 Registered No. 2540
 City Kansas City (No. 42 C. General Hosp. St. Ward)

2. FULL NAME

Charles Taylor
 (a) Residence, No. 2829 Kelly St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 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 Mamie Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1860

7. AGE YEARS 74 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 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) (STATE OR COUNTRY) Waste
Ohio

13. NAME Wm. Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Reynold Clerk
42 C. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 9, 1934

19. UNDERTAKER (ADDRESS) State Funeral Home
Kansas City, Kansas

20. FILED June 8, 1934 M. M. Crowe
Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-24 to 6-9, 1934

I last saw him alive on 6-9, 1934 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:

Carcinoma of Prostate;
Gangrenous Cystitis;
Pyelonephritis

Other contributory causes of importance:

Name of operation 51 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

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) J. H. Jewett M. D.

(Address) 42 C. Gen Hosp

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.

JUL 17 1934

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