

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

Do not use this space

26501

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.*

(No. *St. Mary's Infirmary*)

File No.

Registered No. **6669**

St. Ward)

2. FULL NAME

(a) Residence, No. *4308 7th St. Apt 16 St.*

17 Ward.

(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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 9, 1880*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>54</i>		<i>8</i>	<i>24</i>	

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

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) *Mississippi*

13. NAME *John Taylor*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss.*

15. MAIDEN NAME *Malissa Davis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Memphis Tenn.*

17. INFORMANT *Hattie Taylor* (ADDRESS) *4308 7th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *July 2, 1934*

19. UNDERTAKER *Love & Darnes, Inc.* (ADDRESS) *3143 Washington Blvd.*

20. FILED *11-6-34*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 2, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

June 30, 1934, to July 2, 1934

I last saw him alive on *July 2, 1934* Death is said

to have occurred on the date stated above, at *9:30 a.m.*

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

Chronic Nephritis

131

Other contributory causes of importance:

131

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

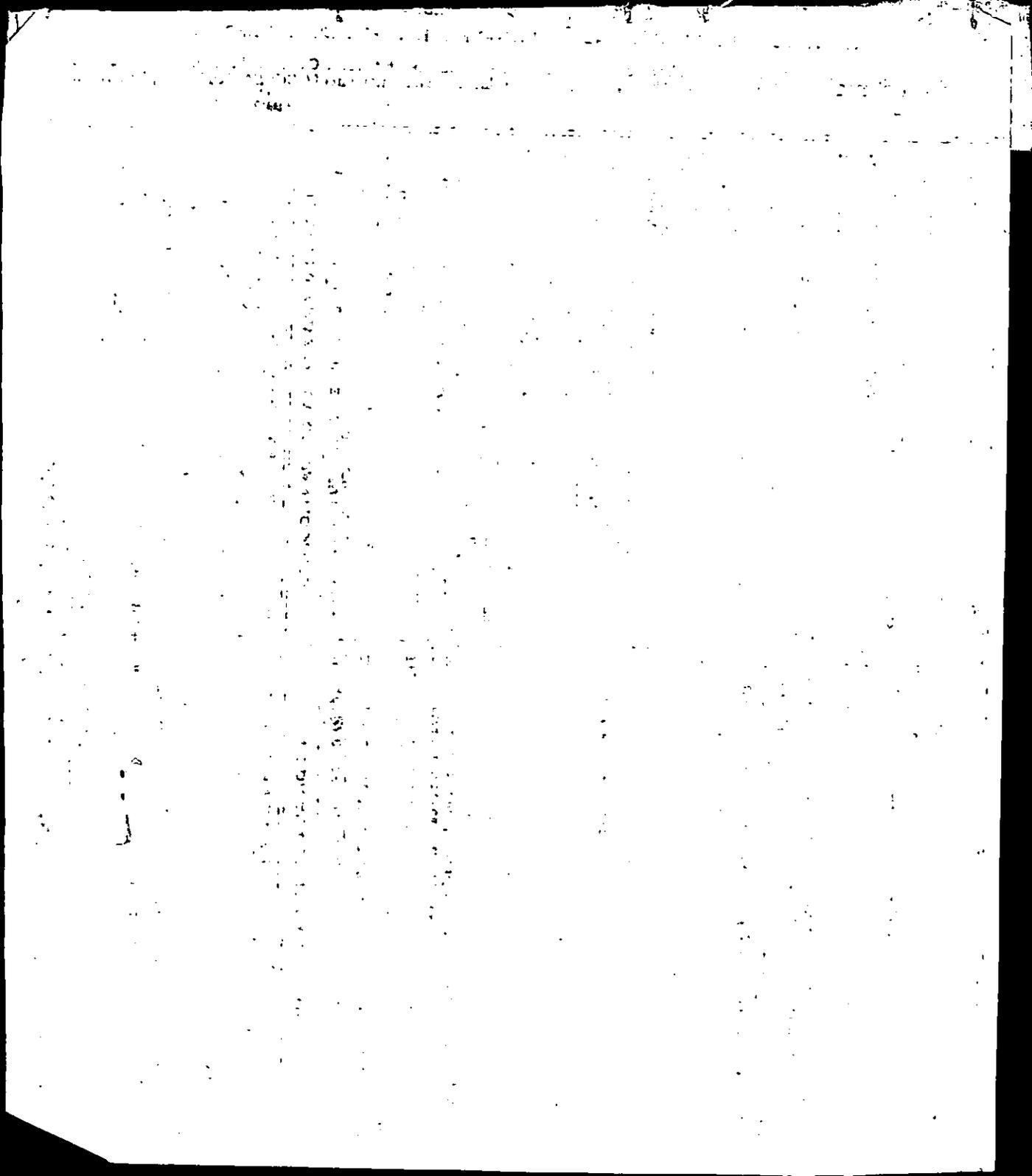
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *H. E. Hampton*, M. D.

(Address) *2340 Market St.*



#2

St. Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

- 66 89

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Jerry Taylor*
Who died at _____ on *July - 2 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *M* Color or race *Col.* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar *J. J. Predebs* *8-29-34*
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *991*

Primary Reg. Dist. No. *1003*

Very truly yours,

E. T. McGaugh, M.D.
Special Agent. *K*

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