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.

JUN 24 1935

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

Do not use this space.

12715

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398 — File No.:

Township: Blue — Primary Registration District No.: [illegible] — Registered No.:

City: Leeds Station (No. TB Hosp [illegible] St. [illegible] Ward)

2. FULL NAME: Henry Taylor

(a) Residence, No. 616 [illegible] St., C Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 16 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: No name given

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 13, 1905

7. AGE: 29 YEARS — MONTHS: 8 — DAYS: 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver
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): [illegible] 34
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camilla, Ga.

FATHER

13. NAME: Anderson Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn.

MOTHER

15. MAIDEN NAME: Minnie Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): K. C. Th. Hosp. Leeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Leeds cemetery DATE: 5/8/35, 19

19. UNDERTAKER (ADDRESS): West Appleton & Jones K.C. Mo.

20. FILED: 5-7, 1935 M. M. Crowe esq. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to April 21, 1935
I last saw him alive on April 21, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation: 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, 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) [illegible], M. D.
(Address) K. C. Th. Hosp. Leeds, Mo.

5-12714