

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.

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

Do not use this space.

OCT 23 1935

28288

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. Barnes Hosp.)

Registration District No. 1791  
Primary Registration District No. 1003

File No.....  
Registered No. 7817  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Rev. Hartwell Lee Taylor St. W.R. Ward. Bourbon, Mo  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Joad Taylor.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 18<sup>th</sup> 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>	
	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) <u>Slade Mo</u>		
FATHER	13. NAME <u>William Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pertman Mo Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Matthews</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Slade Mo Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs May Joad Taylor Bourbon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bourbon Mo</u> DATE <u>Aug 30<sup>th</sup> 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Albert N. Hoffe Inc 629 N. Franklin Ave</u>		
20. FILED <u>SEP 17 1935</u> 19 <u>J.P. Bredecke</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-20 to 8-27 1935  
I last saw him alive on 8-27-35 1935 Death is said to have occurred on the date stated above, at 5:05 p.m.  
The principal cause of death and related causes of importance were as follows:  
Prostatic Hypertrophy  
Arteriosclerotic  
Heart disease  
Date of onset 137

Other contributory causes of importance:  
Uremia  
Arteriosclerosis

Name of operation Prostatectomy Date of 8-27-35  
What test confirmed diagnosis? Operation 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 Yes  
(Signed) L. Richardson  
(Address) Barnes Hosp.

78817