

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. ✓

APR 23 1936

10859
1533

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kew Primary Registration District No. 109
 City H. C. man (No. Wheatley Hospital) St. _____ Ward _____

2. FULL NAME

Alleg Taylor
 (a) Residence, No. 1321 Highland 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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1876

7. AGE YEARS 59 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. C. club
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) California (STATE OR COUNTRY) mo.

FATHER
 13. NAME Banks Taylor

14. BIRTHPLACE (CITY OR TOWN) Atlanta Ga (STATE OR COUNTRY) mo.

MOTHER
 15. MAIDEN NAME Mary Bell

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

17. INFORMANT Lee Taylor (ADDRESS) 1321 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 3-23-36

19. UNDERTAKER Watkins Bros Mch. Co. (ADDRESS) 1722 Lydia

20. FILED 3-21-36 M. M. Brown, Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-36

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to March 18, 1936.
 I last saw him alive on March 18, 1936. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

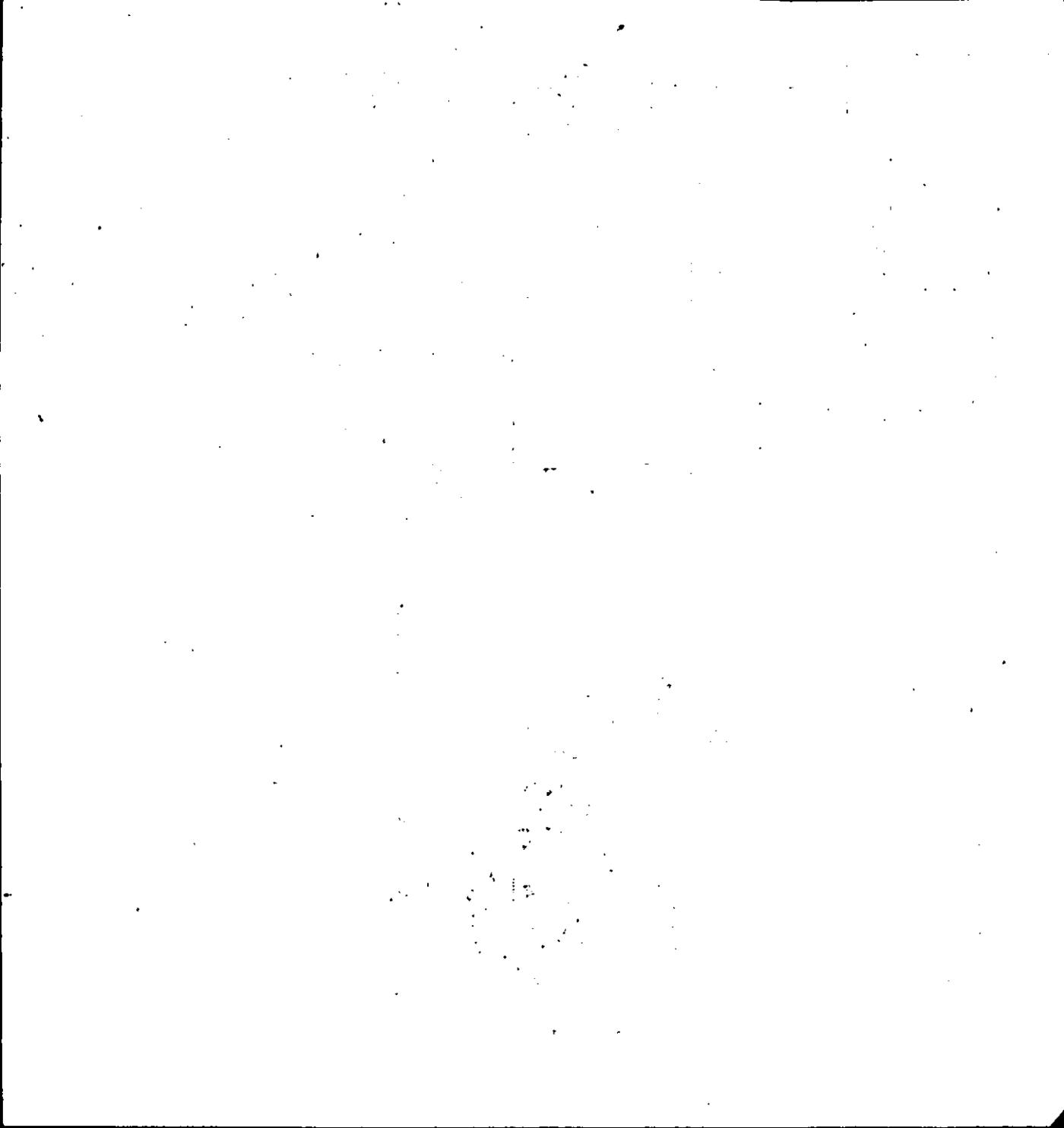
Progressive gall bladder Peritonitis
 Other contributory causes of importance: Pneumonia

Name of operation Splenectomy Date of 3-7-36
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. M. Montgomery, M. D.
 (Address) 1332 P. Jefferson St.



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