OCT 5 1936

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

Do not use this space.

33216

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST LOUIS MO (No. City Hosp #2 ..... St. ..... Ward)

File No. .....

Registered No. 9164

2. FULL NAME TOM TAYLOR

(a) Residence, No. Unknown St., X Ward. (If nonresident, give city or town and State)
(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: M
4. COLOR OR RACE: Cold
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roxie Taylor.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not KNOWN

7. AGE: ABOUT 51 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labore
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): ARK

FATHER
13. NAME: NOT KNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN

MOTHER
15. MAIDEN NAME: NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN

17. INFORMANT (ADDRESS): ROSIE HUDSPETH 18 S. 22 St

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON DATE SEPT 4TH 1936

19. UNDERTAKER (ADDRESS): A.L. BEAL UND CO 2726 LOCAS

20. FILED ..... 19 ..... J H Bredeck Registrar.

SEP 4 1936

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendence.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:40 P.m.

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

	Date of onset
Fract Skull, Subdural Haem of brain rec'd when struck by auto at 13th + Clark Ave. (Pedestrian)	194
Other contributory causes of importance:	210

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? Homicide Date of injury 8/22, 1936
Where did injury occur? St. Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Hit by auto
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) Dyfor

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.