

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 309Township KawPrimary Registration District No. 102City Kansas City(No. Research Hosp.)

St. _____ Ward)

File No. 6357

Registered No. _____

2. FULL NAME Horace W. Taylor Jr.(a) Residence, No. 2806 Chelsea 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

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4517

OCCUPATION

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

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)

Kansas City, Mo.

13. NAME

Horace W. Taylor

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

Kansas City, Mo.

15. MAIDEN NAME

Marie Schellner

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

Junction City, Kansas

17. INFORMANT (ADDRESS)

Horace W. Taylor, 2806 Chelsea

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Feb. 10, 1937

19. UNDERTAKER (ADDRESS)

D.W. Newcomer's Sons

20. FILED

2-9 1937 M.M. Connor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 8, 1937I last saw him alive on Feb 8, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m. M.
The principal cause of death and related causes of importance were as follows:Broncho pneumonia
Secondary to

Date of onset

2/7/37

Other contributory causes of importance:

Acute upper respiratory infection - Head cold

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) [Signature]

M. D.

(Address) 4800 Exp'd L.C. Mo

4800 E. 24

Be 5949

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Prof. Hunt 2016
Prof. Hunt
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