MAR 13 1937

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

Do not use this space.

File No. 6375

Registered No. [illegible]

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. St. Lukes Hosp. St. [illegible] Ward)

2. FULL NAME Rennie A. Taylor

(a) Residence, No. Walker, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	2	19	

OCCUPATION

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

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) Mo.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Edith Siemon

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

17. INFORMANT Mr. Otis R. Lyon
(ADDRESS) 2200 Drury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walker, Mo. DATE Feb. 10, 1937

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS)

20. FILED 2-10, 1937 M. M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936, to Feb 9, 1937

I last saw h. alive on Feb 9, 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

	Date of onset
Acute Septicemia	
Tyri psychosis	

Other contributory causes of importance:

Ruptured appendicitis	
Diffuse peritonitis	

Name of operation None 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?

If so, specify

(Signed) E. L. Mellin, M. D.

(Address) [illegible]

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.

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5432 Wyandotte

Prof. Bldg.

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