

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.

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Richmond Heights, Mo. (No. St. Marys Hospital /

Registration District No. 1170
Primary Registration District No. 6248-H.

File No. 13689
Registered No. 42
St. _____ Ward)

2. FULL NAME

T.C. Taylor

(a) Residence, No. _____ St., _____ Ward. Vienna, Illinois
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>6</u>	<u>5</u>	

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) Bloomfield, Ill.

FATHER 13. NAME W. H. Taylor

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

MOTHER 15. MAIDEN NAME Nicy E. Valdwell

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

17. INFORMANT (ADDRESS) Pearl Taylor
Vienna, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna, Illinois DATE February 10, 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc.,
429 N. Euclid Avenue

20. FILED Feb. 9, 1937 Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Feb 6, 1937

I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

40
Carcinoma of Colon

Other contributory causes of importance:
Myocarditis Chronic

Name of operation Colostomy Date of 2-6-37

What test confirmed diagnosis? _____ 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 _____

(Signed) Phyllis Stewart M. D.

(Address) Lister Bldg St. Louis

V. *Chlorophyll*
2-4 P.M.

