Dr. Taylor

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

Do not use this space.

26318

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 26318
Township Kaw — Primary Registration District No. 1002 — Registered No. 3031
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME FLETCHER ~~[illegible]~~ BURR TAYLOR
(a) Residence, No. 3804 McGee St. St., 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: 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: Virginia Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30, 1882

7. AGE: 13 — YEARS: 55 — MONTHS: 2 — 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.: Physician
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

FATHER
13. NAME: Mont Ross Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Alice Jane Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Virginia Taylor (Wife) 3804 McGee St., Kansas Cy., Mo.

18. BURIAL, ~~[illegible]~~
PLACE De Sota, Kans. DATE July 17, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure Undertaking Co. 3235 Gillham Plaza

20. FILED July 16, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to 3 mos., 19....
I last saw him alive on July 15, 1937 Death is said to have occurred on the date stated above, at 1205 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myelogenous Leukemia 7 2	3 yrs
Other contributory causes of importance: Acute Cardiac Failure	6 hrs

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? ..... 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) [signature], M. D.
(Address) St. Luke's Hospital
K. C. Mo.

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.