OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Josephs' Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 33212
Registered No. 3659

2. FULL NAME Mary Ellen Taylor
(a) Residence, No. 6332 Baltimore 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: Female
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) Dec 6 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	8	29	

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

FATHER
13. NAME Leonard H Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

MOTHER
15. MAIDEN NAME Mary Brosnahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT L. H. Taylor
(ADDRESS) 6332 Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 9/7/37 19

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED Sept 7, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1937, to Sept 5, 1937
I last saw her alive on Sept 5, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Paralysis	Sept 1-37
Aspiration Pneumonia	Sept 5-37

Other contributory causes of importance: (16) None

Name of operation None Date of
What test confirmed diagnosis? Spinal Punct Were 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) Joseph A. Conrad, M. D.
(Address) 1334 Professional Bldg.

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.