NOV 15 1937

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

Do not use this space.

File No. 37159
Registered No. 1135

1. PLACE OF DEATH

County: Buchanan — Registration District No.
Township: — Primary Registration District No.
City: St. Joseph. (No. 1316 No. 25th. St. St. Ward)

2. FULL NAME Albert Ruger Taylor

(a) Residence, No. 1316 No. 25th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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: Grace T. Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 23, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: V. Pres. & Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stratton Grain Co.
10. Date deceased last worked at this occupation (month and year): Sept. 1937
11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Park, Ill.

FATHER

13. NAME: Albert K. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. New York

MOTHER

15. MAIDEN NAME: Clara Wicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ohio.

17. INFORMANT (ADDRESS): Mrs. Grace T. Taylor, 1316 No. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Milwaukee, Wisconsin DATE: Oct. 15, 1937

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 10/15, 1937 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 14, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937, to Oct 14, 1937. I last saw him alive on Oct 13, 1937. Death is said to have occurred on the date stated above, at 4.00 m. A.M.
The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure following Coronary Thrombosis.

Date of onset

Other contributory causes of importance: Chr. Nephritis Hypertention

Name of operation: Date of
What test confirmed diagnosis? E.K.G. 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? No
If so, specify
(Signed) W. W. Wallace, M. D.
(Address) 301 No. 8th. St. St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.