JAN 24 1938

Dr. Craig

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. — Registered No. 41

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Lee Taylor

(a) Residence, No. 113 West Augusta 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/11/'82

7. AGE: YEARS 55 — MONTHS 8 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): St. Joseph, Missouri.

FATHER

13. NAME: Zackriah Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri.

MOTHER

15. MAIDEN NAME: Lena Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri.

17. INFORMANT (ADDRESS): Nora Taylor, 113 West Augusta

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 1/14/'38. 19

19. UNDERTAKER (ADDRESS): Graves Funeral Home, 806 S. 17th, Street.

20. FILED 1-13, 1938 H. J. Matthews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/11/'38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1938, to 1-11, 1938

I last saw him alive on 1-10, 1938. Death is said to have occurred on the date stated above, at 5:58 AM

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

	Date of onset
Acute Myocarditis	?
Acute - Glomeruli Nephrosis	?

Other contributory causes of importance:

Syphilis (4+)

Name of operation: No — Date of: no

What test confirmed diagnosis? Laboratory — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X — 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 X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Owen D. Craig, M. D.

(Address) 303 Kirkpatrick 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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