REC'D MAR 14 1938

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

Do not use this space.

6190

1. PLACE OF DEATH

County: BUCHANAN 2 — Registration District No.: 85 — File No.: 6190

Township: WASHINGTON — Primary Registration District No.: 1001 — Registered No.: 266

City: ST. JOSEPH, (No. 3110 FELIX STREET, St. Ward)

2. FULL NAME: BENJAMIN MARTIN TAUL 400

(a) Residence, No. 3110 FELIX STREET, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 34 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: ELIZABETH Taul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUGUST 2, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	6	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: WYETH HARDWARE CO.

10. Date deceased last worked at this occupation (month and year): UNK

11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CLAY COUNTY, MISSOURI

FATHER

13. NAME: BENJAMIN F. TAUL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOURBON, KENTUCKY

MOTHER

15. MAIDEN NAME: Patsy SPENCER.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NICHOLAS CO. KENTUCKY

17. INFORMANT (ADDRESS): MRS. TAUL, 3110 FELIX ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SMITHVILLE, MO. DATE: MARCH 2, 1938.

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED: Mch 3, 1938 H. J. Nestlebush By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEBRUARY 28, 1938

22. I HEREBY CERTIFY, ~~That~~ I attended deceased from Oct 20 1937 to Feb-28, 1938

I last saw him alive on Feb-27, 1938. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

	Date of onset
Heart disease Arterio Sclerosis Coronary Sclerosis	?
Myocarditis Chr.	?
930	
Other contributory causes of importance: Arterio Sclerosis General	?

Name of operation: none Date of: —

What test confirmed diagnosis? clinical 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) [signature], M. D.

(Address) 301 P & S 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.