

REC'D MAY 9 1938

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

13841
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 1002 Registered No. 1821
(c) City Kansas City (d) Street No. 2201 Tracy St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lithgo M. Taylor 460
(a) Residence, No. 2201 Tracy St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Norene Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1880</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>--</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Dentist</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
13. NAME <u>Wiley Taylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Norene Taylor</u> (ADDRESS) <u>2201 Tracy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cemetery</u> DATE <u>April 29, 1938</u>		
19. FUNERAL DIRECTOR, Appleton & Jones, Inc. (ADDRESS) <u>1905 Vine St.</u>		
20. FILED <u>Apr 30 1938</u> <u>H. R. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-14-38, to 4-27-38
I last saw him alive on 4-27-38 Death is said to have occurred on the date stated above, at: 30 P. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Abscess of Lung

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (if no), 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 of J. H. Hough M. D.
(Signed) J. H. Hough
(Address) 2200 E - 18th

