

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.

REC'D MAY 19 1938

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

Do not use this space.

14088

1. PLACE OF DEATH

County B. Buchanan  
Township St. Joseph  
City St. Joseph (No. St. Joseph Hospital #2)

Registration District No. 85  
Primary Registration District No. 1001

File No. 14088  
Registered No. 450  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Matthie Taylor  
(a) Residence, No. State Hospital #2 St. 32 Ward. Lawrence Co. Jackson Mo.  
(Usual place of abode) St. Joseph, Mo. Jackson County (If nonresident, give city of town and State)  
Length of residence in city or town where death occurred 7 yrs. 10 mos. ds. How long in U. S., if of foreign birth? 7 yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ? Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1881?

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
57? Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Unknown

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) ? Unknown 9

13. NAME ? Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown 9

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital #2 DATE April 22, 1938

19. UNDERTAKER Liberty General Chapel (ADDRESS) 618 King Hill Ave. St. Joseph

20. FILED 4-22-38 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937, to April 19, 1938. I last saw him alive on April 19, 1938. Death is as to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:  
Bilateral Pulmonary Tuberculosis  
Complications of the same

Other contributory causes of importance: 23a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) A. H. O'Connell M. D.  
85 (Address) St. Joseph Mo.

