REC'D JUN 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson | Registration District No. 399 | File No. 17443

Township Kaw | Primary Registration District No. 1002 | Registered No. 1845

City Kansas City | (No. General Hospital St. Ward)

2. FULL NAME Mrs Drura P Taylor

(a) Residence, No. 460 1103 Charlotte 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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph S Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1863

7. AGE YEARS 75 | MONTHS 11 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Harry S Taylor 625 Brooklyn Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 5-3-39, 19

19. UNDERTAKER (ADDRESS) Thomas E Quirk Funeral Home 4316 Troost Ave

20. FILED May 2, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 to ....., 19

I last saw b... alive on ....., 19 Death is said to have occurred on the date stated above, at 2.10 P.M. m.

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

Fracture of Femur

Pulmonary Embolism

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Accident Date of injury 4-22-19

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 Fall in front of Home

Nature of injury Fract Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell W Dunn, M. D.

(Address) [illegible]

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

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.

50M-10-22-38 X9314