REC'D OCT 19 1939

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

31953
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 — Registration District No. 85

(b) Township or (c) City St. Joseph 1 — Primary Registration District No. 1001 — Registered No. 1019

(d) Street No. State Hospital #2. 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 12 yrs. 3 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred Taylor

(a) Residence, No. State Hospital #2 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no information
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1883
7. AGE: YEARS 55 MONTHS 11 DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: stenographer
9. Industry or business in which work was done, as saw mill, bank, etc.: R.R. Frisco R.R.
10. Date deceased last worked at this occupation (month and year): Chronic illness
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Missouri Mo.

FATHER
13. NAME: Alfred Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Unknown~~ Pelham, Mass.

MOTHER
15. MAIDEN NAME: Stella McKinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Unknown~~ Howard Co. Unknown-Missouri

17. INFORMANT (ADDRESS): John Taylor K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery
PLACE St. Joseph, Mo. DATE Oct. 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 10/7 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1927, to Oct. 6, 1939
I last saw him alive on 11 11, 1939. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycosis ~~Cancer~~ of perineum in an epileptic	Oct. 38 / 7

Other contributory causes of importance: 4 3 N

Name of operation: none Date of —
What test confirmed diagnosis? P. m. Was there an autopsy? yes

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) T. J. O'Dell, M. D.
(Address) St. Joseph

85 (Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.