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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No. 18344

Township Central — Primary Registration District No. 6033 R — Registered No. 170

City ..... (No. 6747 Vernon Ave., ... St. ..... Ward)

2. FULL NAME David Imrie Tait,

(a) Residence. No. 6747 Vernon Ave., 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	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 Minnie Tait

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	0	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer) ..... 4 [illegible]

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Erroll

(STATE OR COUNTRY) Scotland

PARENTS

10. NAME OF FATHER Robert Tait,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Scotland

14. INFORMANT Mrs Minnie Tait

(Address) 6747 Vernon ave

15. FILED 5/30, 1928 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to May 29, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis

44 a

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cancer of stomach (with Perforation) (duration) ..... yrs. 5 mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Frank R Thompson M.D

5/30, 1928 (Address) 3701 Westminster

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla — DATE OF BURIAL May 31 1928

20. UNDERTAKER Geo L. Pleitsch — ADDRESS 5966 Easton

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.

Dr [illegible]
3701 Westminster
8-12 a.m.