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.

1145

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

Do not use this space.

1687

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 278
Township Kaw — Primary Registration District No. — Registered No. 1
City Kansas City (No. St Lukes Hospt. St. 7th Ward)

2. FULL NAME Grant J. Taylor
(a) Residence. No. 5922 Locust St., 8th Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nora Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31 1862

7. AGE: Years 66 | Months — | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

PARENTS
10. NAME OF FATHER: Dont Know-Taylor-
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Nora Taylor
(Address) 5922 Locust

15. FILED 1/19, 1929 M M Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-12-29, 19..., to 1-19-29, 19..., that I last saw him alive on 1-19-29, 19..., and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
51 Hypernephroma of Right Adnery
52 Birth cerebral metastasis
10
49 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Terminal pneumonia
Broncho (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) J P Kuhn, M. D
1/19, 1929 (Address) 1325 Rialto Bldg.

*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: Cremation Elmwood — DATE OF BURIAL: Jan 21 1929

20. UNDERTAKER: H C Bergman — ADDRESS: Kan City Mo

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31
8
15