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

Do not use this space.

20145

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. LOUIS Mo. (No. 1026A Hamilton Ave., St. ..... Ward)

File No. .....

Registered No. 5808

2. FULL NAME Beranice Taylor

(a) Residence. No. 1026a Hamilton Ave., St., 5 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)
Female	White	Single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	5	Unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER O.A. Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Atchison
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Leona Griffen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Walnut Ridge
(STATE OR COUNTRY) Ark.

14. INFORMANT O. A. Taylor
(Address) 1026A Hamilton Ave.

15. FILED MAY 27 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27th/'29 19

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1929, to May 26, 1929, that I last saw her alive on May 26, 1929, and that death occurred, on the date stated above, at 1.15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency
10
92A
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Diphtheria
(duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Same
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) Dr. W. Gilbert, M. D.

5-27, 1929 (Address) 4103 Easton

*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	DATE OF BURIAL
Valhalla Cem	May 27 1929
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	6175 Delmar

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.