G 20 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 21983
Township — Primary Registration District No. 1001 — Registered No. 811
City St. Joseph (No. 833½ South 9th St. Ward)

2. FULL NAME Solomon Taylor
(a) Residence. No. 833½ South 9th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1867

7. AGE 63 YEARS — MONTHS Unknoen — DAYS Unknown — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY) Alabama

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Johnnie H. Ramsey
(Address) St, Joseph - Mo.

15. FILED JUL 15 1930, 19 — John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1930, to July 10, 1930 that I last saw him alive on July 10, 1930 and that death occurred, on the date stated above, at 9.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paralysis "General of the Insane"

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J D Sexton, M. D.
7/15, 1930 (Address) St. Joseph Mo

*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 Ashland Cemetery — DATE OF BURIAL July 15 1930

20. UNDERTAKER Ramsey Funeral Service — ADDRESS St. Joseph Mo.