

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

Do not use this space.

36271

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No. Carnes Hosp)

Registration District No.....
Primary Registration District No. 100-503

File No.....
Registered No. 10804
St. Ward)

2. FULL NAME Elizabeth Taylor

(a) Residence, No. 2045 Chestnut St St. 21 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 <u>FEMALE</u>	4. COLOR OR RACE <u>COLORED</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>GEORGE TAYLOR</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-13-1899</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FACTORY WORKER</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Robt Nat Factory</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>JACKSON TENN</u>		
FATHER	13. NAME <u>JOHNNIE JOHNSON</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>JACKSON TENN</u>	
MOTHER	15. MAIDEN NAME <u>CALLIE BROWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>JACKSON TENN</u>	
17. INFORMANT <u>WALTER JOHNSON</u> (ADDRESS) <u>1617 CLARK AVE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Nicksons</u> DATE <u>Oct 26 1931</u>		
19. UNDERTAKER <u>J. C. Thomas Co.</u> (ADDRESS) <u>3111 Laclede Ave</u>		
20. FILED <u>25 1931</u> <u>May 6 Stark off</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1931, to 10-20, 1931.
I last saw her alive on 10-20, 1931. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic
Aortic insufficiency
hypertension
Date of onset

Other contributory causes of importance:
92 W

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify J. E. Pittman, M. D.
(Signed) J. E. Pittman
(Address) Barnes Hospital

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.

