2

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

Do not use this space.
35569

1. PLACE OF DEATH
48 County JACKSON — Registration District No. 398
5 Township BLUE — Primary Registration District No. 3019
City INDEPENDENCE (No. INDEPENDENCE SANITARIUM St. Ward)
8

File No.
Registered No. 346

2. FULL NAME ERNEST C. TAYLOR
(a) Residence, No. 1103 SHAWNEE AVE. St., Ward. KANSAS CITY, KANSAS.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) approx 1868
7. AGE: approx 64 YEARS; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Paper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hanger 69
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) unknown 21

FATHER
13. NAME Lebules Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT John Taylor
(ADDRESS) 930 Church Ave., Kansas City, Kans.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn K.C.K. DATE Nov. 12, 1932, 19
19. UNDERTAKER John Stine
(ADDRESS) 411 N. 6th St. Kansas City, Kansas.
20. FILED Nov. 11, 1932 F L Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7, 1932
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Stillate Fracture Bak of Skull — Date of onset
210 (1)
Other contributory causes of importance: Automobile Traumatism — 201
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~ ... Date of injury 11-7, 1932
Where did injury occur? Van Horn, east of Blue River (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Auto Wreck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Indep. Mo.

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.

9 19