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.

NOV 10 1933

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

Do not use this space.

32969

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3898
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Charles Boyd Taylor
(a) Residence, No. 3644 Holmes 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 1, 1933
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 12 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Kansas City Missouri

FATHER
13. NAME: Hugh Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mary Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Hugh Taylor 3644 Holmes St
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Elmwood Cemetery DATE: 10-3-1933
19. UNDERTAKER (ADDRESS): Stine & McClure 3233 Gillham Place
20. FILED: 10/3, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1937, to 10/1, 1937
I last saw him alive on 10/1, 1937. Death is said to have occurred on the date stated above, at 7p m.
The principal cause of death and related causes of importance were as follows:

atelectasis both lungs

Date of onset

151 161A

159

Other contributory causes of importance:

Prematurity

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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 ....., 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? Yes
If so, specify .....
(Signed) [signature], M. D.
(Address) 201 Plaza Theater