

JUL 14 1936

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

Do not use this space.

24471

1. PLACE OF DEATH

County Registration District No. **1008**
Township Primary Registration District No.
City *St. James Mo.* (No. *920 N. 22nd St.*)

File No.
Registered No. **6088**

2. FULL NAME

(a) Residence, No. *920 N. 22nd 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 <i>Male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sophie</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 5 - 1879</i>		
7. AGE	YEARS <i>57</i>	MONTHS <i>1</i>
	DAYS <i>7</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <i>Common</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Labour</i>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-11* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *5/15* 19*36* to *6/11* 19*36*. I last saw him alive on *6/11* 19*36*. Death is said to have occurred on the date stated above, at *10:20 a.m.*

The principal cause of death and related causes of importance were as follows:
Cancer of lower jaw Date of onset *Unknown 1928*

Other contributory causes of importance:
H5

Name of operation *extracting teeth* Date of *6/11/36*
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
(Signed) *E. T. Taylor* M. D.
(Address) *3136 Chestnut*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles Mo.*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Randolph Taylor*
(ADDRESS) *726 9th Street*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washingtone Park* DATE *6-16* 19*36*

19. UNDERTAKER (ADDRESS) *2820 Grand St. St. James Mo.*

20. FILED *JUN 15 1936*
J. Bredeck Registrar.

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.

MARGIN RESERVED FOR BINDING

V. NO. 2
1004-11-24-33

