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

Do not use this space.

File No. 17612

Registered No. 164

1. PLACE OF DEATH MAY 31 1937

County Saint Louis

Township

City Jefferson Barracks (No. V.A.F. St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B

2. FULL NAME Richard TAYLOR

(a) Residence, No. LeRoy, Illinois St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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 --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1892

7. AGE: Years 45 | Months 1 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Downs
(STATE OR COUNTRY) Illinois

FATHER

13. NAME James Taylor

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

MOTHER

15. MAIDEN NAME Josephine Salisbury

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

17. INFORMANT Clinical Clerk M. Schellig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LeRoy - Illinois DATE April 15 1937

19. UNDERTAKER Stencil's Funeral Home
(ADDRESS) LeRoy - Illinois

20. FILED April 12 1937 H Mowery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1936 to April 12, 1937

I last saw him alive on April 12, 1937 Death is said to have occurred on the date stated above, at 4:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteoarthritis of both knee-joints, chr. severe, with acute exacerbation involving joints of both shoulders, both hips and the lumbar spine.	Unkn.
Toxic Delirium, severe.	Unkn.

Other contributory causes of importance:

Pneumonia, bronchial terminal.	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. H. HUGHES, Chief Med. Officer. M. D.

(Address) VAF Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state