

County RallsTownship Spencer

or

Village

or

City

Registration District No. 729File No. 14156Primary Registration District No. 5-557Registered No. 18

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Matilda Fisher Taylor

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (If write the word)DATE OF BIRTH June 24th, 1830
(Month) (Day) (Year)AGE 82 yrs. 10 mos. 4 ds. IF LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country) Kentucky Ohio

NAME OF FATHER

James F. Fisher

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER

Essan Gregg

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Relatives

(ADDRESS)

Filed 4-30- 1931 3700 P. BirneyREGISTRAR J. J. [Signature]

DATE OF DEATH

April, 1931
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April 27, 1931, to April 29, 1931, that I last saw her alive on April 29, 1931, and that death occurred, on the date stated above, at 20 A m.

The CAUSE OF DEATH* was as follows:

Congestion of the lungs
11 B
16 28 days (Duration) yrs. mos. ds.Contributory Old age8 (SECONDARY) (Duration) yrs. mos. ds.(Signed) F. M. WicksApril 30, 1931 (Address) Center Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Salem CemeteryUNBERTAKER J. D. Hulse

DATE OF BURIAL

May 1, 1931

ADDRESS

Center Mo

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City _____ (NO. _____)

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

St. _____ Ward _____

ed No. _____

FULL NAME

If death occurred in hospital or in home, give its NAME and address of street and number.

7ard) _____

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ COLOR OR RACE _____

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH _____

AGE _____ (Month) _____ (Day) _____ (Year) _____

IF LESS than 1 day, _____ hrs. or _____ min. ?

_____ yrs. _____ mos. _____ ds.

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE
OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____

191 _____

REGISTRAR _____

MISSOURI STATE BOARD

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

VITAL STATISTICS

ATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____

ATE OF DEATH _____

(Month) _____

I HEREBY CERTIFY, that I attended

, 191 _____, to _____

that I last saw him alive on _____

and that death occurred, on the date stated _____

The CAUSE OF DEATH* was as follows: _____

as stated above, at _____
follows: _____

(Duration) _____ yrs. _____

Contributory

(SECONDARY)

(Duration) _____ yrs. _____

(Signed) _____

(Address) _____

*State the Disease Causing Death, or, in deaths of Recent Residents (1) Means of Injury; and (2) whether Accidental, Suicidal, or Criminal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, or other places where death occurred)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____

Where was disease contracted if not at place of death? _____

Former or usual residence _____

In the State _____ yrs. _____ mos. _____

PLACE OF BURIAL OR REMOVAL _____

DA _____

UNDERTAKER _____

ADC _____

DATE OF BURIAL _____

ADDRESS _____

PLACE OF DEATH

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

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

County Rails
Township Spencer
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 726 File No. V
Primary Registration District No. 5957 Registered No. 18

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME Matilda Fisher Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED m.
(Write the word)

DATE OF BIRTH June 26, 1830
(Month) (Day) (Year)

AGE 82 yrs. 10 mos. 4 ds. IF LESS than 1 day, hrs. or min.

OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) C

BIRTHPLACE
(City or town, State or foreign country) Ohio

PARENTS
NAME OF FATHER James Fisher
BIRTHPLACE OF FATHER Kentucky
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Susan Gregg
BIRTHPLACE OF MOTHER Kentucky
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orlaine Baby Boy
(ADDRESS) New London Md

Filed 4/20 X 1913 J. D. Hulse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 27, 1913, to April 29, 1913
that I last saw him alive on " ", 1913
and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:
congestion of the lungs

(Duration) _____ yrs. _____ mos. 8 ds.
Contributory Old age
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. W. McR M. D.
4/20, 1913 (Address) Center Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Salmon Cemetery DATE OF BURIAL May 1, 1913
UNDERTAKER J. D. Hulse ADDRESS Center Mo.

Original file, date APR 1913 19 All information called for must be written on this Supplementary Certificate.

(name origin; "Cancer" is less definite; avoid meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.,)

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *periloparum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

14156
Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)