

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 2 1929

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

Do not use this space.

16952

1. PLACE OF DEATH

County Greene Registration District No. 1153
Township Rolla Primary Registration District No. 6060
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME

Gladys Taylor Amlett

(a) Residence. No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Amlett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 28 1907

7. AGE YEARS MONTHS DAYS II LESS than I day, _____ hrs. or _____ min.
21 11 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Berkley, Ky.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Henry Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Mary E. Hayden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Mary E. Carroll
(Address) 516 S. 2nd St

15. FILED 4/2, 1929 Rolla, Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1929

17. I HEREBY CERTIFY That I attended deceased from _____
_____ 1929 to _____ 1929
that I last saw him alive on _____
death occurred, on the date stated above, at _____
_____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

CONTRIBUTORY (SECONDARY) 31 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? M. DATE OF _____

WAS THERE AN AUTOPSY? M.

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. J. Dossier, M. D.

, 19 _____ (Address) Rolla, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lightner Cem. Illmo. Mo. DATE OF BURIAL 4/3/1929

20. UNDERTAKER Reid, Hoff & Hubbard ADDRESS Illmo. Mo.

R. E.—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

