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.

OCT 23 1929

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

Do not use this space.

30313

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Grand River — Primary Registration District No. 4090 — Registered No. 48
City Harrisonville Mo. — St. — Ward)

2. FULL NAME Margaret Elizabeth Taylor
(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 17 yrs. 2 mos. 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1912

7. AGE: YEARS 17 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo.

PARENTS
10. NAME OF FATHER George M. Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Emma Jane Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo.

14. INFORMANT George M Taylor (Address) Harrisonville Mo.

15. FILED 9/30 29 D S Long REGISTRAR
Dr Long

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1929 to 9-29-, 1929 that I last saw her alive on 9-29-, 1929 and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hodgkins Disease 72B
(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 65B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) David S Long M. D.
9/29, 1929 (Address) Aville 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: Orient — DATE OF BURIAL: 10/1 1929

20. UNDERTAKER: Rummenburger Bros Co — ADDRESS: Harrisonville Mo