

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. St. Joseph's Hospital) \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**33003**  
File No. \_\_\_\_\_  
Registered No. 1156

**2. FULL NAME**

Bertha Taylor

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Cameron, Mo.  
(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** Married  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
Harry Taylor

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 28, 1888

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 9 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home.  
(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)**  
DeKalb Co., Mo.

**10. NAME OF FATHER** Sherman W. Whitaker

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**  
Unknown

**12. MAIDEN NAME OF MOTHER** Delia Moore

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**  
Unknown

**14. INFORMANT** Harry Taylor  
(Address) Cameron, Mo.

**15. FILED** 1929 John E. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct. 4, 1929 19

**17. I HEREBY CERTIFY, That I attended deceased from** Sep. 25 1929 to Oct. 4 1929  
that I last saw h[im] or [her] alive on Oct. 4 1929 and that death occurred, on the date stated above, at 8.55 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute leukemia  
131  
95B  
132B (duration) yrs. mos. 14 ds.  
**CONTRIBUTORY (SECONDARY)** Chronic hepatitis  
Hypertrophy of heart  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH Cameron, Mo.  
**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** Open clinical  
(Signed) Carl Patten M. D.

Oct. 5, 1929 (Address) 43 Faram St. [Signature]  
\*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** Cameron, Missouri **DATE OF BURIAL** Oct. 6, 1929

**20. UNDERTAKER** Walter Meichoff **ADDRESS** 1302 Faram St.

