

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

Do not use this space.

43174

1. PLACE OF DEATH

County Stoddard
Township Rehoboth
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 838
Primary Registration District No. 6098B

File No. _____
Registered No. 48

2. FULL NAME

Mary Taylor

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1840

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|------|----------------------------------|
| <u>80</u> | <u>3</u> | <u>29</u> | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Barada Co Miss
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Alvin Jackson
(Address) Delta M. 970 #1

15. FILED 12/30, 1929 F. L. R. R. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 12-23 1929 to Dec 29 1929 that I last saw him alive on Dec 29 1929 and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
General abdominal
carcinomatosis (duration) yrs. 6 mos. 53 ds.
malnutrition

CONTRIBUTORY (SECONDARY) renal emphysema (duration) yrs. 90 mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED unknown
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Dr. H. H. H. M. D.
, 19 _____ (Address) H. H. H.

*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 Hagy Cemetery DATE OF BURIAL 12/30 1929

20. UNDERTAKER St. Bernard Co ADDRESS Delta mo

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.

