APR 30 1930

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

Do not use this space.

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1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 780 — File No.
Township — Primary Registration District No. 4466 — Registered No. 13
City Ste Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Jane 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known / 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	not known	not known	

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) Pickneyville
(STATE OR COUNTRY) Illinoise

PARENTS
10. NAME OF FATHER John Kniford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pickneyville
(STATE OR COUNTRY) Illinoise
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Chas Taylor
(Address) Ste. Genevieve Mo

15. FILED Mar 10, 1930 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1930

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930 to March 10, 1930 that I last saw her alive on March 8, 1930 and that death occurred, on the date stated above, at 3:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis - Chronic.
9 [illegible]
[illegible] (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Enteritis.
about (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
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) Arthur E Sevauer, M. D.
March 10, 1930 (Address) Ste Genevieve 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	DATE OF BURIAL
Ste Genevieve Mo	Mar 11 1930

20. UNDERTAKER	ADDRESS
John Basler Ste. Genevieve Mo	