

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.

JUL 23 1930

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

Do not use this space.

20186

1. PLACE OF DEATH
 County Madison Registration District No. 625
 Township _____ Primary Registration District No. 3031
 City Marionville (No. _____) St. _____ Ward _____

2. FULL NAME Anna Frances 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 49
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>1</u>	<u>19</u>	

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) Kentucky

PARENTS	10. NAME OF FATHER <u>Simon Mills</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Sylvia Hooker</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Mrs Julia Elders
 (Address) Marionville Mo.

15. FILED 6-2, 1930 C. P. Fryer
M.E.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1-1930
 17. I HEREBY CERTIFY. That I attended deceased from Early on February, 1930, to 6-1, 1930 that I last saw h. aa alive on 5-12, 1930 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of the Brain
936
02A (duration) yrs. mos. 10 da.
 CONTRIBUTORY Chronic Myocardial (SECONDARY)
Degeneration (duration) 1 yrs. plus mos. da.

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 Typical course.
 (Signed) Jack Rowlett M. D.
 (Address) Marionville

*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 Callahan, Mo DATE OF BURIAL May 4, 1930

20. UNDERTAKER Cummings Funeral Home ADDRESS Marionville Mo

81