OCT 29 1930

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

Do not use this space.

1. PLACE OF DEATH
County Johnson, Registration District No. 4 30 File No. 27134
Township Post Oak Primary Registration District No. 5586 Registered No.
City (No. St. Ward)

2. FULL NAME Mary 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 50 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)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14. 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	7	25	

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

9. BIRTHPLACE (CITY OR TOWN) Lima,
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER John Moyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia,
12. MAIDEN NAME OF MOTHER Sara Ellen Patten,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio.

14. INFORMANT A. G. Taylor,
(Address) Warrensburg, Mo

15. Aug 8, 1930 O B Koons
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 6. 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1930, to Aug 6th, 1930 that I last saw her alive on Aug 5th, 1930 and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intermed Stasis et Constipation
Auto Toxemia therefrom
82D
69B
193D (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Hemiplegia
(duration) about 1 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?
(Signed) John T. Anderson M. D.
, 19 (Address) Warrensburg 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
Cornelia Cemetery	Aug 8 1930
20. UNDERTAKER	ADDRESS
S. R. Swarney	Warrensburg, Mo

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.