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.

JAN 19

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

Do not use this space.

39114

File No.

Registered No. 957

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 20181

City Springfield Mo. (No. 439½ South St. St. Ward)

2. FULL NAME Myrtle Taylor (Semler)

(a) Residence. No. 439½ South St. 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF John Semler

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
About	35			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stockton (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Geo. Ritter

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

12. MAIDEN NAME OF MOTHER —

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

14. INFORMANT Mr. Taylor (Address) Stockton Mo.

15. FILED 12 24, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/23 1930

17. I HEREBY CERTIFY, That I attended deceased from 9:30 a.m. Dec 23, 1930, to 10 a.m. Dec 23, 1930 that I last saw her alive on Dec 23, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental poisoning

Acetyl Salicylic Acid

1798

probably one hour (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓ (duration) 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? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Mary Jean Atherton, M.D.

12 24, 1930 (Address) 432-442 Medical Arts Bldg

*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: Stockton Mo.

DATE OF BURIAL: 12/25 1930

20. UNDERTAKER: Alma Lohmeyer Funeral Home

ADDRESS: 534 St Louis