

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

Do not use this space.

39190

PLACE OF DEATH

County Henry Registration District No. 347
 Township _____ Primary Registration District No. 5491
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 1
 St. _____ Ward _____

2. FULL NAME Georgia A. Taylor
 (a) Residence, No. R.F.D. 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME George M. Britts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary J. Regers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Owen Taylor
 (ADDRESS) Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 12-29, 1930

19. UNDERTAKER W. H. Sims
 (ADDRESS) Clinton, Missouri

20. FILED 12/30, 1930 Ed C. Peeler
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Dec 27, 1930
 I last saw her alive on Dec 27, 1930. Death is said to have occurred on the date stated above, at 10:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Dec 27

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1930

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Gess D. Welch M. D.
 (Address) Clinton 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.

July 19 1931

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164