

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

Do not use this space.

5330

1. PLACE OF DEATH

46 County Newell
 Township West Plains, Mo
 City West Plains, Mo (No.)

Registration District No. 384
 Primary Registration District No. 4227

File No. 31
 Registered No.
 St. Ward

2. FULL NAME Beatrice 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 <u>F</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20-21</u>		
7. AGE	YEARS <u>10</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Schoolchild</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo</u>		
FATHER	13. NAME <u>W. N. Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newell Co., Mo</u>	
MOTHER	15. MAIDEN NAME <u>Maryde Sanger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newell Co., Mo</u>	
17. INFORMANT <u>Mrs W. N. Taylor</u> (ADDRESS) <u>West Plains, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Lawn</u> DATE <u>2-18-31</u>		
19. UNDERTAKER <u>M. T. Tansland's</u> (ADDRESS) <u>West Plains, Mo</u>		
20. FILED <u>2-27-1931</u> <u>J. A. Winnick</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1931

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1931, to 2-16-1931.
 I last saw him alive on 2-16-1931. Death is said to have occurred on the date stated above, at West Plains, Mo.
 The principal cause of death and related causes of importance were as follows:
General Septicemia Date of onset 2/14/31
115R
36

Other contributory causes of importance:
Suppurated tonsils 2/11/31

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 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) P. A. G. Ginn M. D.
 (Address) West Plains, 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. APR 23 1931

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Howell Registration District No. 384 File No.
 Township West Plains Primary Registration District No. 4227 Registered No. 31
 City St. Ward)

2. FULL NAME Beatrice 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 7 22

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1931

17. I HEREBY CERTIFY, That I attended deceased from to 19.....
 that I last saw h. after on 19....., and that death occurred, on the date stated above, at.....m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed)....., M. D.
 , 19 (Address)

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

10. NAME OF FATHER

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 (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 2-27 1931 O. A. Heinrich REGISTRAR

20. UNDERTAKER ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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