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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 12607

Township ..... Primary Registration District No. ..... Registered No. 3924

City St Louis (No. Mo Baptist Sanitarium St. ..... Ward)

2. FULL NAME Malissa Gordon Taylor & Suburban Mo.

(a) Residence. No. 1035a So Taylor St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	10	20	

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) at home 2 35
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ste Genevieve
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Elliott Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste Genevieve
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Unknown Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste Genevieve
(STATE OR COUNTRY) Mo

14. INFORMANT Alexander P Gordon
(Address) 1035a So Taylor

15. FILED 30 1931 19 Max C Haker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 28th, 1931, to March 28, 1931, that I last saw her alive on March 28, 1931, and that death occurred, on the date stated above, at 10-10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
131
10 PA
4 or 5 Days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
Don't know (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 131
DID AN OPERATION PRECEDE DEATH? no DATE OF 1
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam
(Signed) Meade A Buttermann, M. D
, 19 (Address) 4501a Manchester

*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 Memorial Park DATE OF BURIAL Mar. 30 1931

20. UNDERTAKER Weidemueller ADDRESS 6203 Gravois

oil

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