

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

Do not use this space.

25525

8

1. PLACE OF DEATH

County Lawrence
Township Pierce
City (No. _____) _____ St. _____ Ward _____

Registration District No. 471
Primary Registration District No. 5634

File No. _____
Registered No. 26

2. FULL NAME

Mittie Eldies 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1931

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-1930 to July 11, 1931

I last saw him alive on Feb 25, 1931 Death is said to have occurred on the date stated above, at 10:30 pm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1886

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 3 13

Pernicious Anemia Date of onset ?
of about 3 years duration

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

77A
139C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

Other contributory causes of importance: 77A

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

menapancer

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

Name of operation none Date of _____

13. NAME Joe Harmon

What test confirmed diagnosis? Ph. sup. Was there an autopsy? and micro. findings in blood

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME Joan Hill

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Chas Taylor (ADDRESS) Monticello, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL Blair Gray & Sons July 13 31

Nature of injury _____

19. UNDERTAKER John Messel (ADDRESS) Pierce City, Mo.

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

20. FILED 7/30 1931 H. Ross Clark Registrar.

If so, specify _____

(Signed) H. Ross Clark, M. D.

(Address) Pierce City, Mo.

AUG 28 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

