

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

Do not use this space.

41571

1. PLACE OF DEATH

County Miller Registration District No. 364
 Township Englewood Primary Registration District No. 5758
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-28-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 1 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Miller, Mo

FATHER
 13. NAME Elmer Harry Traylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Mo

MOTHER
 15. MAIDEN NAME Edith Clark

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

17. INFORMANT (ADDRESS) Elmer Harry Traylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Traylor DATE 12-9-31

19. UNDERTAKER (ADDRESS) W. J. ...

20. FILED 12-31-31 STK Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-31

22. I HEREBY CERTIFY, That I attended deceased from 12-1-31, 1931 to 12-6-31, 1931.
 I last saw him alive on 12-6-31, 1931. Death is said to have occurred on the date stated above at 6:00 a.m.

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

108
108
 Other contributory causes of importance: _____
 Date of onset _____

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 _____, 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) STK, M. D.
 (Address) Traylor

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.

