

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

Do not use this space.

667

1. PLACE OF DEATH

County *Wright*
Township *Salon*
City *Senath, Mo.*

Registration District No. 290
Primary Registration District No. 5408

File No. _____
Registered No. 7-132
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 29, 1925*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 7 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *X*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*
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) *Senath, Mo.*

FATHER 13. NAME *Louis Taylor*

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

MOTHER 15. MAIDEN NAME *Gene Taylor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Senath, Mo.*

17. INFORMANT (ADDRESS) *Gene Taylor*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Small Cemetery* DATE *Jan 28, 1932*

19. UNDERTAKER (ADDRESS) *111 N. Main St. Senath, Mo.*

20. FILED *1-28* 19*32* *A. Glenn Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 27, 1932*

22. I HEREBY CERTIFY That I attended deceased from *Jan. 26, 1932* to *Jan. 27, 1932*

I last saw her alive on *Jan. 27, 1932* Death is said to have occurred on the date stated above, at *10:30 P.M.*
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia.
Date of onset *1-18-32*
107A/107A
Other contributory causes of importance: *Unknown*

Name of operation *clinical* Date of _____
What test confirmed diagnosis? *findings* 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 *①*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

(Signed) *A. Glenn Davis*, M. D.
(Address) *Senath, 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. FEB 23 1932

