

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

Do not use this space.

808

1. PLACE OF DEATH
 39 County Greene Registration District No. 324
 Township Robberson Primary Registration District No. 5449
 City Willard Mo (No. 2) # 3 St. _____ Ward _____
 2. FULL NAME Ida Taylor
 (a) Residence, No. Willard Mo # 3 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.

File No. _____
 Registered No. 1
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 3 - 1895</u> | | |
| 7. AGE YEARS <u>36</u> | MONTHS <u>8</u> | DAYS <u>28</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>at Home</u> <u>235</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u> | |
| | 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) <u>Mo</u> <u>1</u> | | |
| FATHER | 13. NAME <u>Tom Drowning</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>2</u> | |
| MOTHER | 15. MAIDEN NAME <u>Hannah Bell</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | |
| 17. INFORMANT <u>Hazel Yarberry</u> (ADDRESS) <u>Willard Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Stickney Grove</u> DATE <u>Jan 3</u> 19 <u>32</u> | | |
| 19. UNDERTAKER <u>W. Klingner & Co.</u> (ADDRESS) <u>Springfield Mo.</u> | | |
| 20. FILED <u>Jan 8</u> 19 <u>32</u> <u>W. E. Sanborn</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-3- 1931, to 1-1st 1932
 I last saw him alive on 10-16- 1931. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
J-K of Bowels
25
1150 25
 Other contributory causes of importance:
Ptyorrhea 290

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? by

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?
 If so, specify _____
 (Signed) C. E. Zeller _____, M. D.
 (Address) Springfield Mo

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.

FEB 24 1934

