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

Do not use this space.

1131

1. PLACE OF DEATH
County Jackson — Registration District No. 3 — File No.
Township Kaw — Primary Registration District No. 1 — Registered No. 169
City Kansas City (No. Wheatley Prov Hosp. St. Ward)

2. FULL NAME Della Taylor
(a) Residence, No. Missouri City, Mo. St. X 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 Fe
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 130

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Earnest Taylor, husband 1625 Cherry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 1/16 1932

19. UNDERTAKER (ADDRESS) Watkins Bros. Undt. Co. 1729 Lydia

20. FILED Jan 16, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Jan 9, 1932
I last saw her alive on Jan 9, 1932. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Acute Parenchymatous nephritis
Mitral Insufficiency

Date of onset

Other contributory causes of importance:
alcoholism

Name of operation — Date of —
What test confirmed diagnosis? Lab. 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 — (1)
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. H. Bruce, M. D.
(Address) 311 New Centre Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]