

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

Do not use this space.

5746

1. PLACE OF DEATH
 84. County Polk Registration District No. 707
 Township Wichita Primary Registration District No. 5936a
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary B. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 Mar. 3 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>11</u>	<u>24</u>	

OCCUPATION

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

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) Tenn.

MOTHER

FATHER

13. NAME English Deabrage

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

15. MAIDEN NAME Leah Keeton

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

17. INFORMANT Mrs Jim Hensley
(ADDRESS) Adrich, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linleytrarie DATE Feb 25 1932

19. UNDERTAKER Hutchison - Blue
(ADDRESS) Bolivar, Mo.

20. FILED Mar 5 1932 Mrs. M. H. Taylor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1932

22. I, HEREBY CERTIFY, That I attended deceased from Feb - 22, 1932, to Feb - 24, 1932
 I last saw her alive on Feb - 22, 1932. Death is said to have occurred on the date stated above, at 2:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 7/27/32
82 P
 Other contributory causes of importance: JWA
 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? _____
 If so, specify _____
 (Signed) W. F. Myers, M. D.
 (Address) Adrich, 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.

Mar 3 6 1932

MAILED IN REVERSE FOR BINDING

V. S. NO. 2

1964

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