

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

Do not use this space.

7269

**1. PLACE OF DEATH**

County Audrain Registration District No. 26  
Township Salriver Primary Registration District No. 3602  
City Mexico - mo (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 82 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 502 E. Railroad St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 73 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W. G. O.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Willard Taylor</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 - 1859</u>		
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>1859</u>	<u>3</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</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>Mexico mo</u>				
FATHER	13. NAME <u>Daniel Cooper</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico - mo</u>			
MOTHER	15. MAIDEN NAME <u>Mary Cooper</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico Mo</u>			
17. INFORMANT (ADDRESS) <u>Ruby Bradford</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>3/25</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>A. H. Reynolds Jr.</u>				
20. FILED <u>March 28th</u> 19 <u>32</u> <u>Ira S. Milligan</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1932 to 3-26-1932  
I last saw him alive on 3-25-1932 Death is said to have occurred on the date stated above, at 8A m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia Date of onset 93  
107  
11  
Other contributory causes of importance:  
Chronic bronchitis  
myocarditis

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) John Hamilton M. D.  
(Address) Mexico 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.

APR 28 1932

1932 - 3 - 24  
193 - 8 - 15  

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1859 - 0 - 11

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