

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

Do not use this space.

12941

File No. 9
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Shelina Primary Registration District No. 2002
City Joplin (No. Freeman Hospital)

2. FULL NAME

Betty Nell Taylor
(a) Residence, No. 2019 Main St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 7 13

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

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) Granby, Missouri

FATHER 13. NAME W. D. Taylor

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beoria, Missouri

MOTHER 15. MAIDEN NAME Marie Cullum

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Missouri

17. INFORMANT W. D. Taylor
(ADDRESS) 2019 Main St., Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Disposal Mo. Cemetery DATE Apr. 9, 1932

19. UNDERTAKER Lambert Mortuary
(ADDRESS) 159 S. Joplin St., Joplin, Mo.

20. FILED 7/9 IS 37 Clayton Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to April 8, 1932

I last saw her alive on April 17, 1932 Death is said

to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Double bronchial Pneumonia Date of onset 3/1/32

107A / 107A
Other contributory causes of importance: (D)

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. S. Martin, M. D.

(Address) Frisco, 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

MAY 25 1932

