

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

Do not use this space.

16585

1. PLACE OF DEATH

52 County Mo. Registration District No. 445
Township Stewart Primary Registration District No. 8605
City Stewart (No. _____ St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME

Elyse 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1842

7. AGE YEARS 89 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

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) Ohio

13. NAME Beber

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Eue Taylor (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewart DATE May 15, 1932

19. UNDERTAKER (ADDRESS) Brothers & Kaufman

20. FILED May 14, 1932 Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1932, to May 14, 1932

I last saw h. c. alive on May 14, 1932 Death is said

to have occurred on the date stated above, at 10 A. M.

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

Senile Debility Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) J. J. Griffin, M. D.

(Address) Stewart, Mo.

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.

28 1932

