

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

Do not use this space.

25176

**1. PLACE OF DEATH**

County Vernon  
 Township Washington  
 City                      (No. 4)

Registration District No. 875  
 Primary Registration District No. 6162

File No.                       
 Registered No. 167 St.                      Ward                     

**2. FULL NAME**

(a) Residence, No. State Hospital #3 St.                      Ward                       
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 4 21

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                     

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

13. NAME Oliver Taylor

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

15. MAIDEN NAME Louisa Smith

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

17. INFORMANT State Hospital #3 (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL Springfield Mo. July 13, 1932

19. UNDERTAKER Springfield Home (ADDRESS)                     

20. FILED 8-8-32 E. R. King Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1931 to July 11, 1932  
 I last saw h. er alive on July 11, 1932 Death is said to have occurred on the date stated above, at 1:50 p.m.  
 The principal cause of death and related causes of importance were as follows:

Tuberculous Pneumonia July 9, 1932  
VBA 2, 3  
 Other contributory causes of importance: Pulmonary Tuberculosis ?

Name of operation                      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) K. S. Sneydoff, M. D.  
 (Address) State Hospital #3

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.

AUG 27 1932

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