

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

Do not use this space.

35623

1. PLACE OF DEATH

County Jackson Registration District No.
 Township Law Primary Registration District No.
 City St. Mo No. Sec No 2

File No.
 Registered No. 4117

2. FULL NAME

Victoria L. Taylor
 (a) Residence, No. Michigan St. ? Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) St

13. NAME Geo. Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 189 2

15. MAIDEN NAME Lucinda 41

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

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Hulton, Kans DATE 10-4-32

19. UNDERTAKER Flynn + Greenstreet (ADDRESS) St. Mo

20. FILED 11/3 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-3-32, 1932, to 11-2-32, 1932.

I last saw him alive on 11-2-32, 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Primary anemia Date of onset

Other contributory causes of importance: (1)

Name of operation Date of
 What test confirmed diagnosis? Leucocyt 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 1932

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) Dr. Miller , M. D.
 (Address) St. Mo Hosp. No 2

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.

