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.

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

Do not use this space.

JAN 27 1933

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 41212
Township — Primary Registration District No. 3034 — Registered No. 133
City Moberly (No. ..... St. ..... Ward)

2. FULL NAME Hattie Pearl Taylor
(a) Residence, No. 544 Hazood St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Urmon Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28, 1906

7. AGE: YEARS 26 — MONTHS 2 — DAYS 23 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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.: 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): Randolph County

FATHER
13. NAME: Perry Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph County Mo

MOTHER
15. MAIDEN NAME: Malenda Ocyre
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

17. INFORMANT (ADDRESS): Urmon Taylor Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chapel DATE Dec. 23, 1932

19. UNDERTAKER (ADDRESS): Tom B. Patton Huntsville Mo

20. FILED 12/22, 1932 Thos. S. Fleming Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Dec. 21, 1932
I last saw her alive on Dec. 21, 1932. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis (Pulmonary) | First 1932 |
| 23 | |

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) W. O. Hawkinson, M. D.
(Address) Roanoke Mo.