WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 24 1933

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

Do not use this space.

15445

1. PLACE OF DEATH

103 County Stoddard — Registration District No. 836 — File No. 14

Township Elk — Primary Registration District No. 6100 — Registered No. 14

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Mary Ellis Taylor

(a) Residence, No. ..... 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 F

4. COLOR OR RACE W

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	4	21	

OCCUPATION

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

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) Dunklin Co., Mo

FATHER

13. NAME W. L. White

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

MOTHER

15. MAIDEN NAME Mary Price

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

17. INFORMANT (ADDRESS) W. E. Taylor (husband) Parma, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE White Cemetery DATE Apr. 5, 1933

19. UNDERTAKER (ADDRESS) B. M. Hopkins Bronaugh, Mo

20. FILED May 10, 1933 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1933, to Apr. 3, 1933

I last saw her alive on Mar 29, 1933. Death is said to have occurred on the date stated above, at 7:15 P m.

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

Myocarditis
Nephritis
92D
132A
7

Date of onset

Other contributory causes of importance:

Secondary Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical blood tests ~~[illegible]~~ 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) Geo W. Husted, M. D.

(Address) Parma, Mo