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.

OCT 20 1933

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

Do not use this space.

27026

File No. .....

Registered No. 50.

1. PLACE OF DEATH

64 County Marion — Registration District No. 548.

Township Liberty — Primary Registration District No. 4323.

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

2. FULL NAME Ruby Taylor

(a) Residence, No. ..... Marion Co. Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febl' 24, 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	5	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. J. Newberry Co. Chain Store

10. Date deceased last worked at this occupation (month and year) Aug. 16, 1933

11. Total time (years) spent in this occupation about 11 months if single

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri.

FATHER

13. NAME Charley Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Illinois

MOTHER

15. MAIDEN NAME Carrie Slagle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown County Illinois

17. INFORMANT Charley Taylor
(ADDRESS) Hannibal, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Ralls County.
PLACE Rensselaer, Mo. DATE Aug. 18, 1933

19. UNDERTAKER Lewis Bros
(ADDRESS) Palmyra, Mo.

20. FILED 8-18-1933 Gertrude Lee Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1933

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 10:30 P.M.

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

	Date of onset
Fractured Skull	
Automobile Accident	

Other contributory causes of importance:

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? Accident Date of injury Aug. 16, 1933

Where did injury occur? Liberty Township, Marion Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Car wrecked in which

Nature of injury She was riding on public road

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ail E. Schwartz M.D.

(Address) Hannibal, Mo.

Coroner, Marion Co. Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Nassau — Registration District No.: 548 — File No.:
Township: Liberty — Primary Registration District No.: 41323 — Registered No.: 50.
City: (No. , St. Ward)

2. FULL NAME: Ruby 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Auto Accid.
Fractured S Skull.
Auto dropped app. 15 feet off bridge to river bed Bank.

Other contributory causes of importance:
Auto hit steel bridge Reinforcements and fell to bed of river.

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) , M. D.
(Address)

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so an intelligent layman can understand. Abbreviations, symbols, or technical terms are not properly recognized by the Bureau of Vital Statistics.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-27026