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

Do not use this space.

File No. 9767

Registered No. 10

Registration District No. 581

Primary Registration District No. 4343

1. PLACE OF DEATH
County Monroe
Township
City Monroe City (No. ..... St. ..... Ward)

2. FULL NAME Julia M Taylor.
(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1905
7. AGE: Years 29. Months 11 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.
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) July. 1933.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City Mo

FATHER
13. NAME John Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe city Mo

MOTHER
15. MAIDEN NAME Lizzie Cord.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo.

17. INFORMANT (ADDRESS) Lizzie Cord.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Judes Cemetery Monroe City DATE March 21, 1934

19. UNDERTAKER Nelson & Son
(ADDRESS) Monroe City Mo

20. FILED 3/21, 1934 A. W. Wilson Deputy Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from December, 1933 to March 20, 1934
I last saw her alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 5-45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of thyroid gland	

Other contributory causes of importance:
Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical (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) John Albert Mallory M.D.
(Address) Monroe City Mo

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.

APR 25 1934