

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.

MAY 25 1934
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Buchanan, Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph, (No. 2703 Penn) St. _____ Ward _____

File No. 11931
 Registered No. 407

2. FULL NAME Stella Taylor,
 (a) Residence, No. 2703 Penn St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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 Holly H. Taylor,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) April 1934, 11. Total time (years) spent in this occupation 56

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

MOTHER FATHER
 13. NAME William Duncan,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Scotland,

15. MAIDEN NAME Jane Silvers,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

17. INFORMANT Holly H. Taylor
 (ADDRESS) 2703 Penn Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE April 5, 1934

19. UNDERTAKER Heaton Be Gole + Burroughs Funeral Home
 (ADDRESS) 319 S. 10th St.

20. FILED APR 4 1934 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-8-34, 1934, to 3-8-34, 1934

I last saw him alive on 3-8-34, 1934. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Metal Injuries
Blow to head
Aspirin - general
P. Efflu.
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Clin. 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) Frank W. Hargrave M. D.
 (Address) Thompson Bldg.

1/20/50

Handwritten notes, possibly a list or ledger, covering the majority of the page. The text is extremely faint and illegible due to the quality of the scan.

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