

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.

APR 25 1934

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

Do not use this space.

15504

1. PLACE OF DEATH

County Union
Township Center
City Nevada (No. Ward)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No.
St. Ward

2. FULL NAME

Dottie Sue Taylor

(a) Residence, No. 5108 Sycamore St., 3 Ward.

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>1</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 1934</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>planner, sawyer, bookkeeper, etc.</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Nevada (STATE OR COUNTRY) Mo

13. NAME Rollie Taylor

14. BIRTHPLACE (CITY OR TOWN) Meriden (STATE OR COUNTRY) Mo

15. MAIDEN NAME Evaluel Leach

16. BIRTHPLACE (CITY OR TOWN) Walton Mo (STATE OR COUNTRY) Kansas

17. INFORMANT Rollie Taylor (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cent DATE 4-9 1934

19. UNDERTAKER Ferry General Home (ADDRESS) Nevada Mo

20. FILED 4/9 1934 W. M. Gunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 1934

22. I HEREBY CERTIFY, That I, attended deceased from April 5th 1934 to April 8 1934
I last saw her alive on April 16th 1934. Death is said to have occurred on the date stated above, at 1:00 P. m.

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

Lack of vitality.
159 158 159
Premature Birth
Other contributor / 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) Est. Linton, M. D.
(Address) Nevada Mo

