

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

Do not use this space.

33980

1. PLACE OF DEATH *St. Louis* County *St. Louis* Registration District No. *788*
 127
 96
 Township *Walter J. Jowers* Primary Registration District No. *4451*
 City *Walter J. Jowers* (No. *952 Twining Place*) St. _____ Ward _____
 2. FULL NAME *Mary E. Taulby*
 (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.

File No. *87*
 Registered No. *788*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND-OF (OR) WIFE OF *William A Taulby*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown 1842*
 7. AGE YEARS *92* MONTHS *Unknown* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
 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) *Australia*
 FATHER 13. NAME *Michael Hogan*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
 MOTHER 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
 17. INFORMANT *Mary E. Taulby* (ADDRESS) *952 Twining Place*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *9/18* 193*4*
 19. UNDERTAKER *Arthur J. Donnelly* (ADDRESS) *3840 Audell Blvd*
 20. FILED *9-16* 19*34* *Jules H. York* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *September 15th, 1934*
 22. I HEREBY CERTIFY, That I attended deceased from *November 3rd, 1932, to September 15th, 1934*
 I last saw her alive on *September 13th, 1934*. Death is said to have occurred on the date stated above, at *1 P. M.*
 The principal cause of death and related causes of importance were as follows:
Valvular disease of heart. Post-Mor
92 B
168
 Other contributory causes of importance: *Senility*
 Name of operation *none* 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*34*
 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) *Harry J. G. Jones* M. D.
 (Address) *1226 E. Kansas, Kirkwood*

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.

Mr. Henry J. Whittaker
125 East Adams Ave.
8-10 Am