

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state THIS in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 21 1935

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

Do not use this space.

604

1. PLACE OF DEATH

County Cole  
Township Marion  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 211  
Primary Registration District No. 5291

File No. \_\_\_\_\_  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Sarah Elizabeth Taggart  
(Usual place of abode) R 7 Centertown Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
76 20

OCCUPATION  
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. H. w. f.  
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 20 yrs

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

MOTHER / FATHER  
13. NAME David Pevely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margaret Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

INFORMANT Robert Taggart  
(ADDRESS) Centertown Mo.

BURIAL, CREMATION, OR REMOVAL Marion Cemetery DATE \_\_\_\_\_ 19\_\_

UNDERTAKER Lawson T. Turner  
(ADDRESS) Centertown Mo.

FILED Jan 13 1934 H. T. Leach, M. D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1935 to Jan 13 1935, 1935  
Last saw her alive on Jan 12 1935, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pneumonia Date of onset Jan 5, 1935

Other contributory causes of importance: 107 a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ 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) H. T. Leach, M. D.

(Address) Elston Mo.

