APR 19 1935

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

Do not use this space.

9762

1. PLACE OF DEATH

County Linn — Registration District No. 506 — File No.

Township Baker — Primary Registration District No. 5671 — Registered No.

City ~~New Boston~~ (No. , St. Ward)

2. FULL NAME Mable Louise Taylor

(a) Residence, No. New Boston, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/15/1934

7. AGE — YEARS — MONTHS 5 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) New Boston, Mo.

FATHER
13. NAME Nova Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Mo;

MOTHER
15. MAIDEN NAME Ella Frances Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Mo.

17. INFORMANT (ADDRESS) Nova Taylor New Boston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nester Chapel DATE 3/20/35, 19

19. UNDERTAKER (ADDRESS) E. Wahl Brookfield, Mo.

20. FILED 3-20, 1935 J Lad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1935, to 3-19, 1935

I last saw her alive on 3-19, 1935 Death is said to have occurred on the date stated above, at 4 P m.

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

Measles
Complicating
Pneumonia

Date of onset

Other contributory 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) J. M Boyles, M. D.

(Address) Brookfield Mo

N.B.— ... should be carefully supplied. ...GE should be stated EXACTLY. PHYSICIANS should stat... CAUSE O... is, so that it may be properly classified. Exact statement of OCCUPATION is very important.