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.

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

Do not use this space.

10255

APR 25 1935

1. PLACE OF DEATH

County Randolph — Registration District No. 735

Township — Primary Registration District No. 5034

City Moberly Mo (No. Woodland Hospital St. 3rd Ward)

File No.

Registered No. 54

2. FULL NAME Mary Jane Taylor

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

Length of residence in city or town where death occurred yrs. mos. 2 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18-1929

7. AGE: Years 6 Months 0 Days 21 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 COUNTY) Armstrong Missouri

FATHER

13. NAME Henry W. Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Armstrong Mo

MOTHER

15. MAIDEN NAME Madrene Taylor

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

17. INFORMANT (ADDRESS) Henry W. Taylor Armstrong Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Armstrong Mo. DATE Mar 10 1935

19. UNDERTAKER (ADDRESS) C. H. Oldaker Armstrong Mo.

20. FILED 3/10 1935 Virginia Oldaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7th 1935 to March 9th 1935

I last saw her alive on March 9th 1935 Death is said to have occurred on the date stated above, at 4.05 A.M.

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

	Date of onset
(86) Otitis media	
Lastoiditis	3 wks
Cerebral infection	1 wks

Other contributory causes of importance:

(11) Influenza	3 wks

Name of operation Lastoidectomy Date of March 6

What test confirmed diagnosis? Clinical 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) Thos J. Fleming L.D., M. D.

(Address) Moberly Mo

Feb 18
6 yr 19 Jan