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.

MAY 27 1935

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

Do not use this space.

12659

1. PLACE OF DEATH
County Howard — Registration District No. 379 — File No.
Township — Primary Registration District No. 4223 — Registered No.
City Glasgow (No. ..... St. ..... Ward)

2. FULL NAME Poly Ann Taylor

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

Length of residence in city or town where death occurred 8 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1858

7. AGE Years 76 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Nil 27, 1924
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER
13. NAME Barney Woroman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Dorinda Whittaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT (ADDRESS) Ella Kleck Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackley Cemetery R2 D. Glasgow Mo. DATE April 29 1935

19. UNDERTAKER (ADDRESS) J. W. Harvey Glasgow Mo.

20. FILED 4-29 1935 J. W. Gardner M.D. Per A. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 1, 1935
I last saw her alive on April 1, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
April	1934
97	

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Burial 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? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. L. Cecil, M. D.
(Address) Armstrong Mo