

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.

JUN 24 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16977

1. PLACE OF DEATH
 County Lawrence Registration District No. 468
 Township _____ Primary Registration District No. 4281
 City Marionville (No. _____) St. _____ Ward _____
 2. FULL NAME Taylor Wylie
 (a) Residence, No. Marionville No. St. 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-18 42

7. AGE YEARS 93 MONTHS _____ DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rtd R.R.

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) Wash. Co. Mo.

MOTHER FATHER

13. NAME Wm Wylie

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

15. MAIDEN NAME Elega Ann Taylor

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

17. INFORMANT Mrs Taylor Wylie (ADDRESS) Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE May 28 1935

19. UNDERTAKER Alma Fohmeyer (ADDRESS) Springfield Mo

20. FILED June 10, 1935 Alma O. Gandy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1935

I HEREBY CERTIFY, That I attended deceased from March 2nd, 1935, to March 24, 1935

I last saw him alive on May 24, 1935. Death is said to have occurred on the date stated above, at 7 P m.

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

Date of onset _____

Other contributory causes of importance: 16

Name of operation _____ Date of _____

What test confirmed diagnosis? symptoms 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) F. W. Lester, M. D.
 (Address) Marionville, Mo

