

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.

AUG 14 1935

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

Do not use this space.

**1. PLACE OF DEATH**

County Cole Registration District No. 213 File No. 22528  
 Township Jefferson Primary Registration District No. 5293 Registered No. 238  
 City (No. ) St. Ward

**2. FULL NAME** Nannie Malinda Taylor

(a) Residence, No. Jefferson City, 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. 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 Thomas Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 50 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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) Russellville, Mo.

FATHER 13. NAME John N. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Mollie Sullins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Mo.

17. INFORMANT T.H. Taylor (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cem. DATE July, 28th, 1935

19. UNDERTAKER G.N. Staffens (ADDRESS) Russellville, Mo.

20. FILED 7/27/1935 Dr. Bradford Mm Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 7/26/35 1935 to 7/26/35 1935

I last saw h. or alive on 7/26 1935. Death is said to have occurred on the date stated above, at 1 P. m.

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

*Acute Interoctitis* 7/25/36  
*Consumption of wild berries* 7/25/36

Other contributory causes of importance:  
Queens Heat  
Consumption of wild berries

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? No

If so, specify (Signed) Robert Barber, M. D. (Address) Jefferson City, Mo.

