

061 17 1935

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

Do not use this space.

22785

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield Mo.

Registration District No. 318
Primary Registration District No. 2004
Joseph Hospital

File No.
Registered No. 330 Ward

2. FULL NAME

(a) Residence, No. Mary Ediza Taylor Ward.

(Usual place of abode) Stockton Mo. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Henry Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	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. <u>House wife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Stockton Mo</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>William M^r Daniel</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Tenn</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Susian Rowden</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Tenn</u> (STATE OR COUNTRY)	
17. INFORMANT <u>John Henry Taylor</u> (ADDRESS) <u>Stockton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Undyprarie</u> DATE <u>July 30 1935</u>		
19. UNDERTAKER <u>W. H. F. Co</u> (ADDRESS) <u>Stockton Mo</u>		
20. FILED <u>July 30 1935</u> <u>Joseph Hospital</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1935

22. I HEREBY CERTIFY That I attended deceased from June 8th 1935 to July 30 1935. I last saw him alive on July 30th 1935. Death is said to have occurred on the date stated above, at 10 a.m. The principal cause of death and related causes of importance were as follows:
Emphysema of lungs
Coronary artery disease
arteriosclerosis

Other contributory causes of importance:
Chronic pneumonia
in right lung

Name of operation Autopsy Date of operation July 30 1935
What test confirmed diagnosis? Microscopy Was there an autopsy? Yes

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 No

(Signed) Dr. J. H. Taylor M. D.
Address Medical Arts Bldg
Springfield Mo

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.

100M-11-24-33

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

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22785-

1. PLACE OF DEATH

County Green

Registration District No. 318

Township Springfield

Primary Registration District No. 3001

City Springfield (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME Mary Eliza 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 3 18

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 11/1/35, 19... Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Granuloma of larynx and esophagus

probable malignancy of primary site larynx

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. O. Klingey, M. D.

(Address) Medical Arts Bldg
Springfield

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.

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