

AUG 27 1935

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

Do not use this space.

27154

1. PLACE OF DEATH
County New Madrid Registration District No. 604 File No. 27154
Township St. Louis Primary Registration District No. 5803 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lidia Taylor
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don Taylor

22. HEREBY CERTIFY, That I attended deceased from Aug - 5th 1935, to Aug - 9 - 1935.

I last saw her alive on Aug - 5 - 1935. Death is said to have occurred on the date stated above, at 10 p.m.

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

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

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

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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 _____

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China Optics

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don Taylor

13. NAME Don Taylor

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

15. MAIDEN NAME Don Taylor

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

17. INFORMANT J. L. Blanchard
(ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE N. M. Co. Farm DATE 8/10, 1935

19. UNDERTAKER none
(ADDRESS) _____

20. FILED 8/12, 1935 W. J. Harrison
Registrar.

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) W. J. Harrison, M. D.
(Address) St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 604
 Township New Madrid Primary Registration District No. 3802
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Lidia Taylor

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

Last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1870

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

7. AGE YEARS MONTHS DAYS IF LESS than day, _____ hrs. or _____ min.

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

Date of onset

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

Other contributory causes of importance:

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME

Manner of injury _____

Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

17. INFORMANT (ADDRESS)

(Signed) _____, M. D.

18. BURIAL, CREMATION, OR REMOVAL

(Address) _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 10/24, 1935 W. H. Cannon Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

UNRECORDED

OCT 19 1935

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