OCT 17 1935

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 28802
Township — Primary Registration District No. 1001 — Registered No. 999
City St. Joseph (No. Mo. Methodist, Hosp. St. Ward)

2. FULL NAME Mollie Taylor
(a) Residence, No. 716 So. 20,th. St 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

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1880
7. AGE: YEARS 54 — MONTHS 9 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
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): Atchison Kans.

FATHER
13. NAME: Edbort Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Martha Lincoln
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

17. INFORMANT (ADDRESS): Birdie Taylor, 513 N. 13th. St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Ashland, Cem. DATE: 10/1/35, 19
19. UNDERTAKER (ADDRESS): Ramsey's Mortuary, 9th. & Olive, St.
20. FILED: 9-30-1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1935, to Sept 28, 1935
I last saw her alive on Sept 28, 1935 Death is said to have occurred on the date stated above, at 1:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Sept 25 1935

Other contributory causes of importance:
Arteriosclerosis General — Unknown

Name of operation: none — Date of
What test confirmed diagnosis? autopsy — 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
(Signed) Clarence A Good, M. D.
(Address) St Joseph Mo

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.