

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.

NOV 13 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33687

1. PLACE OF DEATH

County Ball
Township Swanton
City Ball (No. Ball Co)

Registration District No. 726
Primary Registration District No. 676 5957

File No. 33687
Registered No. 33687
St. Ball Co Ward 1

2. FULL NAME

(a) Residence, No. Ball Co St. Ball Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Marble Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1875

7. AGE YEARS 59 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

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) near Springfield

13. NAME Marble Taylor

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

15. MAIDEN NAME Elizabeth Kipper

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

17. INFORMANT (ADDRESS) Mr. Jessie F. Taylor
Ball Co

18. BURIAL, CREMATION, OR REMOVAL

PLACE M. Olex Cemetery DATE 10-7- 1935

19. UNDERTAKER (ADDRESS) Geo. G. Burrell
Swanton Mo

20. FILED Nov 13 1935 Blanche Myrman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from no attention

I last saw him alive on found dead 1935 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:

no attention formal Date of onset

Dec 9, By Dr.

Other contributory causes of importance

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1935

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J. M. Monroe M. D.

(Address) Clinton Mo

