

FEB 19 1936

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

Do not use this space.

1711 X

1. PLACE OF DEATH

County Jasper
Township Union
City (No. _____) _____

Registration District No. 404
Primary Registration District No. 5565

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nellie May Taylor
(a) Residence, No. Route St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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 Ed Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1891

7. AGE YEARS 44 MONTHS 9 DAYS 5 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) Saxopie
(STATE OR COUNTRY) Missouri

13. NAME Oscar Brown

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

15. MAIDEN NAME Paints

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

17. INFORMANT Ed Taylor
(ADDRESS) Route 11, Saxopie, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Saxopie DATE 1-15-36

19. UNDERTAKER Ross Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED Jan 15 1936 J. B. Clinton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1935 to Jan. 14, 1936

I last saw her alive on Dec. 15, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

9 schiocranal abscess
abscess

Date of onset July 1935

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 _____

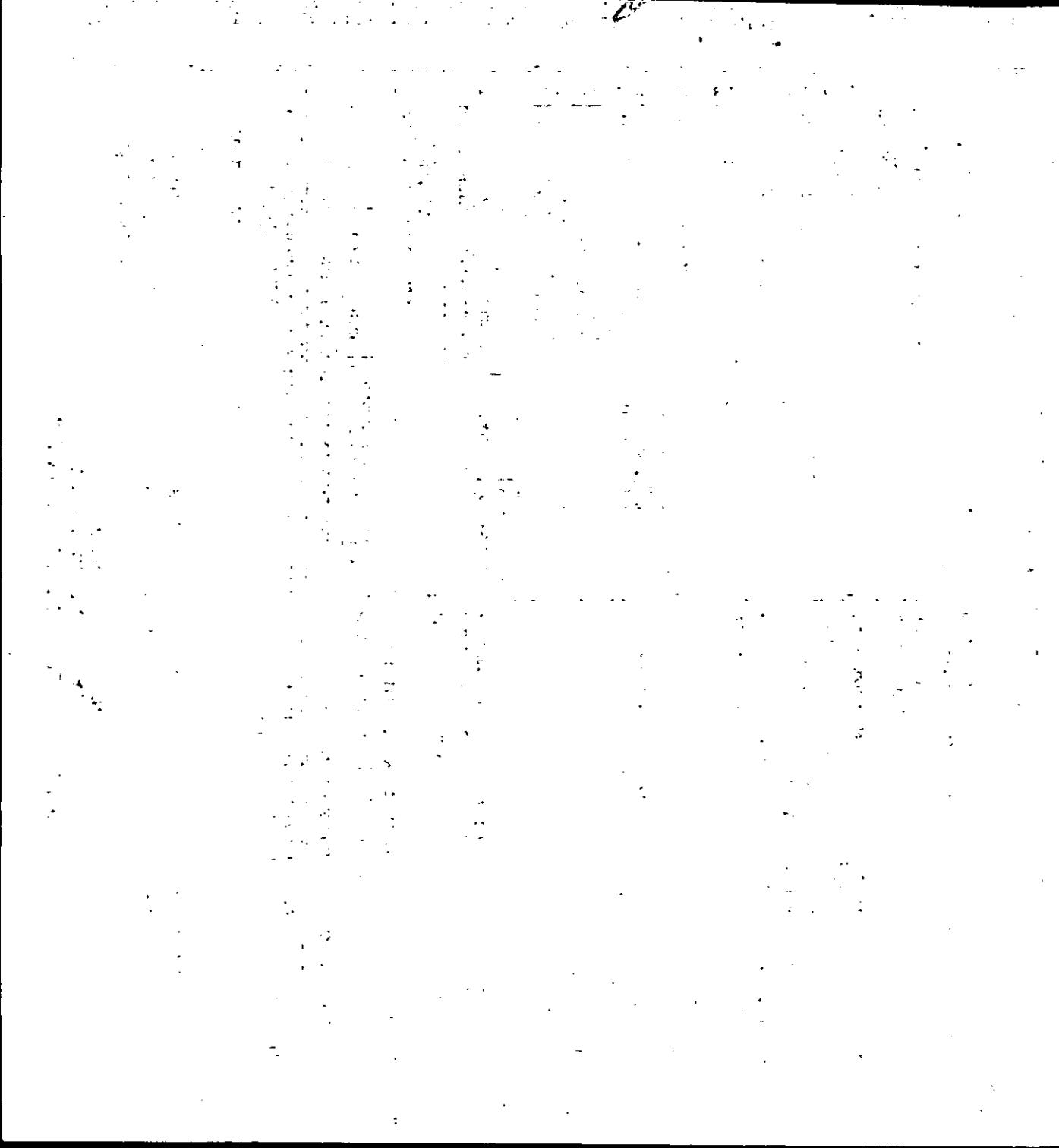
Nature of injury _____

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

If so, specify _____
(Signed) J. B. Clinton, M. D.

(Address) Saxopie, Mo.

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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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Jasper
Township Union
City (No.) St. Ward

Registration District No. 408
Primary Registration District No. 5365

File No.
Registered No.

2. FULL NAME

Millie May 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1936

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1891

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS 44 MONTHS 9 DAYS 5 If LESS than 1 day, hr. or min.

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

Ischio rectal abscess 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. House work

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Chronic proctitis, with fissures,

12. BIRTHPLACE (CITY OR TOWN) < (STATE OR COUNTRY) Spartan, Missouri

13. NAME Oscar Brown

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME Pointz

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

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Ed Taylor (ADDRESS) Spartan, Mo.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Spartan Cemetery DATE 1-15, 1936

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER Home Funeral Home (ADDRESS) Cassville Mo.

(Signed) J. B. York, M. D. (Address) Galena

20. FILED July 13, 1936 S. B. Clinton Registrar.

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

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