

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

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Primary Registration District No. 3032
 City Salina Mo (No.) St. Ward)

2. FULL NAME Florence Taylor
 (a) Residence, No. 802 N. Stage 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.

7136

File No. 48
 Registered No. 668

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>42</u>		<u>11</u>	<u>11</u>	

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) Saline County

MOTHER FATHER

13. NAME Maude Garden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

15. MAIDEN NAME Lezzie Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

17. INFORMANT Floyd Taylor
 (ADDRESS) 802 N. Stage St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Malta Bend DATE Feb 19, 1936

19. UNDERTAKER Price Coffey
 (ADDRESS) 400 W. Cooper St.

20. FILED 2-15-36 J. H. Slack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1936, to 7/14, 1936
 I last saw him alive on 7/14, 1936. Death is said to have occurred on the date stated above, at 12:00 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset

Other contributory causes of importance
Arteriosclerosis

Name of operation Autopsy Date of 4/12/36
 What test confirmed diagnosis? Was there an autopsy?

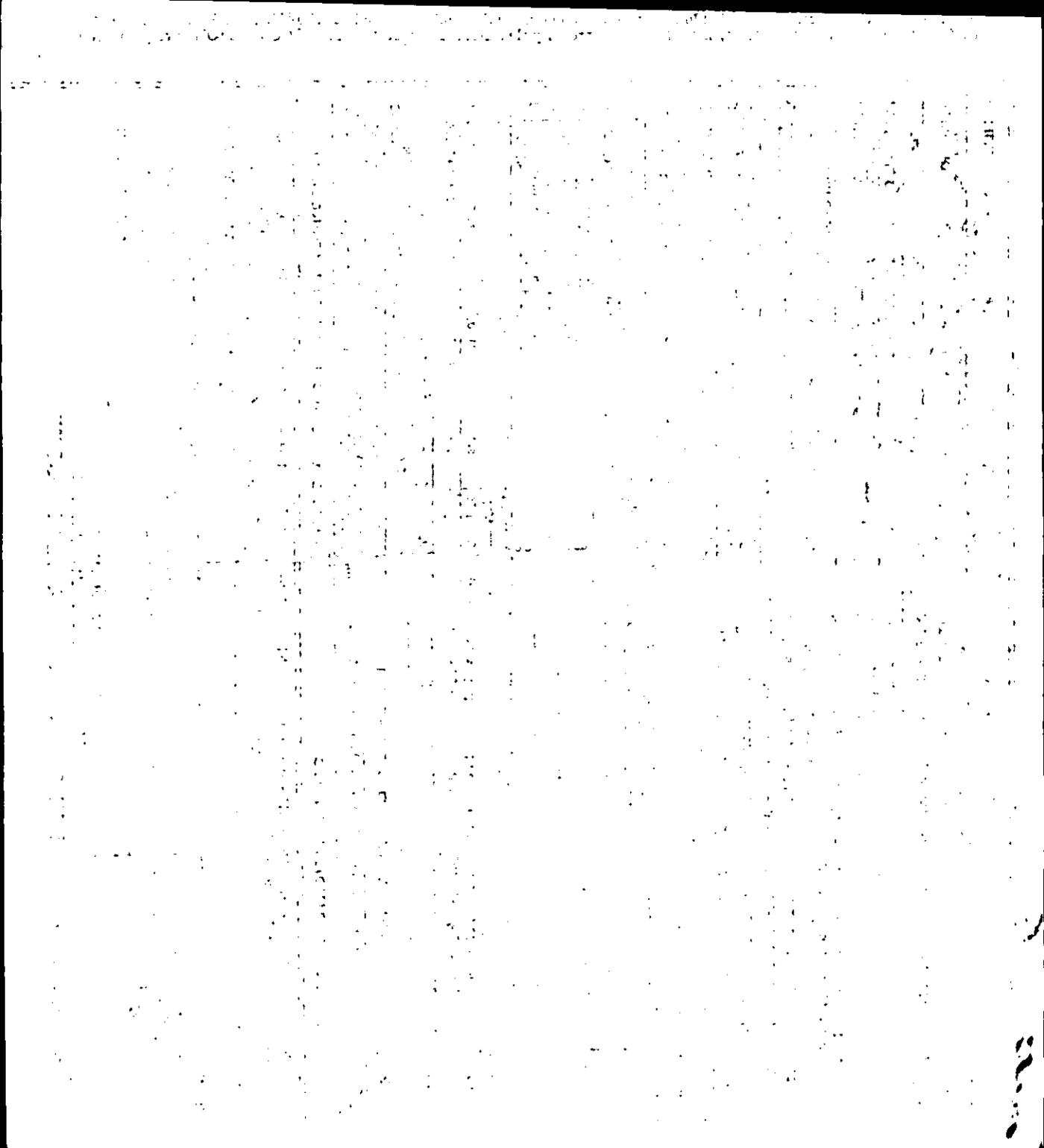
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

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

(Signed) N. D. C. ..., M. D.
 (Address) Salina 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.



S-7136