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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County ~~Pettis~~ Benton Registration District No. 59 File No. 502

Township Cole Primary Registration District No. 5099 Registered No. 16

City ~~Sedalia~~ (No. 916 S. Harr St. Ward)

2. FULL NAME Clare Taylor

(a) Residence, No. 916 S. Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 1819

7. AGE YEARS 37 MONTHS 4 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Home

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) Carrollton, Mo

FATHER

13. NAME Charles J. Taylor

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

MOTHER

15. MAIDEN NAME Annie May McClemans

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

17. INFORMANT (ADDRESS) C. J. Taylor Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 6-1- 1936

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 6-4 1936 Sue Selover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 P.M.

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

Date of onset

Probable Acute Dilitation of the Heart. (Only a few minutes)

(See other side)

Other contributory causes of importance

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? History only. 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 none.

(Signed) Jno. B. Carlisle M. D., M. D.

6/2/36 (Address) Sedalia Mo

This young lady was spending the day with Mrs L.C.Yunker at her cabin near Lincoln,Missouri.Suddenly without any warning she collapsed and died in a very few minutes.I was called to see her as was Dr.Bay at Cole Camp.She had died when we arrived.I notified Dr.Lee Hurt Coroner of Benton County at Warsaw.He gave me permissio to sign the death certificate.I have never treated her for anything

Jno. B. Carlisle M.D.
Jno.B.Carlisle,M.D.,
Sedalia,Missouri,
June 2nd,1936.