

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 22 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19231

1. PLACE OF DEATH
County Henry Registration District No. 44
Township Windsor Primary Registration District No. 211
City Windsor (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Mrs. Dena Claris Taggart
(a) Residence, No. 307 N. Jackson St., _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>45</u>	<u>11</u>	<u>27</u>	

OCCUPATION

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

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) Cole County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Hamilton Bailey

14. BIRTHPLACE (CITY OR TOWN) Cole County
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (CITY OR TOWN) Cole County
(STATE OR COUNTRY) Missouri

17. INFORMANT Geo. Taggart
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson City DATE May 13 1936

19. UNDERTAKER Huston Turner
(ADDRESS) Windsor, Mo.

20. FILED 5-12 1936 J. Jennings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936 to May 11, 1936
I last saw her alive on May 11, 1936 Death is said to have occurred on the date stated above, at 9:15am
The principal cause of death and related causes of importance were as follows:
Cardiac thrombosis
Date of onset _____

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? no
If so, specify _____

(Signed) Arnold, M. D.
(Address) Windsor, Mo.

