

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

Do not use this space.

JUL 22 1936

23304

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No. 4)

Registration District No. 417
Primary Registration District No. 3071

File No. _____
Registered No. 66
St. _____ Ward _____

2. FULL NAME

Abantha E. Taylor
(a) Residence, No. 310 S. Main 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

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 Henry E. Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 X 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) Taney Co. Mo.

13. NAME Sara Taylor

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

15. MAIDEN NAME Leon de Melan

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

17. INFORMANT Henry Taylor (ADDRESS) Webb City

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 6/8 1936

19. UNDERTAKER Hedger Melan (ADDRESS) Webb City, Mo.

20. FILED 6-8 1936 J. F. Craig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to June 5, 1936

I last saw her alive on June 5, 1936 Death is said to have occurred on the date stated above, at 2 9 m.

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

Carcinoma of Liver 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? _____

If so, specify _____ (Signed) P. B. Munger, D.O.

(Address) Webb City, 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.

