

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.

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

Do not use this space.

29476

AUG 28 1936

1. PLACE OF DEATH

County Saline  
Township State  
City State (No. ....)

Registration District No. 799  
Primary Registration District No. #4803  
11479

File No. ....  
Registered No. 31  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Rosie Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 31-1873</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>8</u>
	DAYS <u>1</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Car repairer</u>	
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo</u>
	13. NAME <u>Isa Taylor</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Car</u>
	15. MAIDEN NAME <u>Martha Jane Stapp</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Rosie Taylor</u>
18. BURIAL, CREMATION OR REMOVAL PLACE <u>State Mo</u> DATE <u>7/3</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Hily Brothers</u>	
20. FILED <u>July 3 1936</u> <u>W. M. Tuttle</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1936

22. I HEREBY CERTIFY That I attended deceased from Dec. 16 1932, to June 3 1936.  
I last saw her alive on June 23 1936 Death is said to have occurred on the date stated above, at 7 P. M.  
The principal cause of death and related causes of importance were as follows:  
Angerectis Chronic Date of onset 1932

Other contributory causes of importance:  
Institutional neglect - 1932

Name of operation None Date of .....  
What test confirmed diagnosis None Was there an autopsy? no

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? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) W. M. Tuttle M. D.  
(Address) State Mo

