

OCT 15 1936

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

Do not use this space.

34470

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 1002City N. to Mo(No. 138 N. Chelsea) St. Chelsea WardFile No. 4993Registered No. 4993

2. FULL NAME

Mrs Anna Mary Taylor(a) Residence, No. 138 N. Chelsea St. Chelsea 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James N. Taylor6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 18567. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 3 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Port Deposit Maryland13. NAME G. C. Cooley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Taylor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Maudie Taylor 138 N. Chelsea

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Moriah DATE Sept 14 193619. UNDERTAKER (ADDRESS) Magney Funeral Home 204 1/2 N. Chelsea20. FILED Sept 13 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 193622. I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Sept 11, 1936I last saw her alive on Sept 1, 1936. Death is saidto have occurred on the date stated above, at 1:55 p.m.

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

① Myocarditis chronic
② Coronary occlusion
(death occurred in 20 mi after onset)

Date of onset 8 yrs

Other contributory causes of importance:

① Hypertension
② Partial coronary occlusion 5 yrs

Name of operation NoneWhat test confirmed diagnosis? Clues and electrocardiogram Was there an autopsy? Yes

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) J. G. Dillon, M. D.(Address) 1036 Cuyler BldgLaura City Mo

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.

Handwritten notes on the right side of the page, including the number '10' at the bottom.

Handwritten notes in the lower right quadrant.

Handwritten notes in the lower center-right area.

Handwritten notes in the lower center area.

Handwritten notes in the lower left area.