OCT 22 1936

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

Do not use this space.

34975

File No. .....
Registered No. 244

1. PLACE OF DEATH
County Marion
Township Mason
City Hannibal (No. St. Elizabeth Hos. St. ..... Ward)
Registration District No. 547
Primary Registration District No. 3019

2. FULL NAME Jennie Lou Taylor
(a) Residence, No. Hannibal 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. 14 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 Calvin D. Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1876
7. AGE Years 60 Months 2 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) June 1936
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsah Illinois

FATHER
13. NAME Samuel M. Fuller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Mary Jane Chase
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Irene Howard Barry
(ADDRESS)
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Barry, Ill. DATE Sept. 6, 1936
19. UNDERTAKER Wm. M. Smith
(ADDRESS) 402 Broadway, Hannibal, Mo.
20. FILED Sept 8, 1936 H. C. Musher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1936, to 9-2, 1936
I last saw h. alive on 9-2, 1936 Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1935
66	
Other contributory causes of importance:	
Myocarditis	1936
Hypostatic pneumonia	9-1-36

Name of operation None Date of .....
What test confirmed diagnosis? Cl. and Was there an autopsy? No
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) Howard R. Bedient, M. D.
(Address) Hannibal 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.

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

MARGIN RESERVED FOR BINDING

100M-3-28-35