

NOV 28 1936

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

Do not use this space.

37500

1. PLACE OF DEATH

County Howard  
Township Prairie  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 376  
Primary Registration District No. 4970  
5524 B

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mayme Dulaney Taylor

(a) Residence, No. \_\_\_\_\_ 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 Married  
(Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Sterling Taylor.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/19th 1975

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 2" 21

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) Missouri

13. NAME William J. Dulaney.

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

15. MAIDEN NAME Mary Tatum.

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

17. INFORMANT (ADDRESS) Sterling Taylor  
Armstrong, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Walnut Ridge. 10/11th 1936

19. UNDERTAKER (ADDRESS) Guy T. Halley.  
Fayette, Mo.

20. FILED 10/10 1936  
W. J. Dulaney  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 10, 1936  
I last saw him alive on Oct 5, 1936. Death is said to have occurred on the date stated above, at 6 a. m.

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

Apoplexy  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: hypertension

Name of operation None Date of None  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1936

Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. None

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) J. H. Cull, M. D.  
Registrar  
(Address) \_\_\_\_\_



*[Handwritten signature]*  
X