

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. 1536 Papin - St. Mary's Infirmary)

File No. 42636
Registered No. 11144
St. Ward)

2. FULL NAME Nellie Taylor

(a) Residence, No. 3027 Laclede St. 21 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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willis Taylor				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1897				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
39		2	14	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	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).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN)..... Tennessee (STATE OR COUNTRY)				
MOTHER	13. NAME Silas Jaurway			
	14. BIRTHPLACE (CITY OR TOWN)..... Tenn (STATE OR COUNTRY)			
	15. MAIDEN NAME Heattie Austin			
16. BIRTHPLACE (CITY OR TOWN)..... Tenn (STATE OR COUNTRY)				
17. INFORMANT Silas Jaurway (ADDRESS) 3027 Laclede				
18. BURIAL, CREMATION, OR REMOVAL PLACE Brownsville Tenn Nov-8-1936				
19. UNDERTAKER Lowe Undertak (ADDRESS) 3103 Washington Blvd.				
20. FILED J. Bredeck 19 11 Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **May 9, 1936** to **November 6, 1936**
I last saw her alive on **November 6, 1936**. Death is said to have occurred on the date stated above, at **3:20AM**
The principal cause of death and related causes of importance were as follows:
Carcinoma of the uterus
Date of onset **11/8**

Other contributory causes of importance: **None**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) **A. G. Rutledge**, M. D.
(Address) **St. Mary's Infirmary, St. Louis, 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.

By Motor

3027 Laclide.

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