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

FEB 15 1937

Do not use this space.

File No. 273

Registered No. 72

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH

County: Buchanan

Township:

City: St. Joseph, (No. 1124½ Dewey Ave. St. Ward)

2. FULL NAME Mary Maria Taylor

(a) Residence, No. 1124½ Dewey Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 10, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	83	2	10	

OCCUPATION

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) Gloucestershire, England.

FATHER

13. NAME Phillip Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. England.

MOTHER

15. MAIDEN NAME Eliza Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. England.

17. INFORMANT Geo. W. Taylor
(ADDRESS) 1124½ Dewey Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Park DATE 1-23 1937

19. UNDERTAKER Walter Meinholdt
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 20, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-10-, 1937, to 1-20, 1937

I last saw her alive on 1-19-, 1937. Death is said to have occurred on the date stated above, at 4.15 m. A.M.

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

	Date of onset
Bronchio pneumonia	1/10/37

Other contributory causes of importance

Name of operation no Date of

What test confirmed diagnosis? Clinical 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) L. C. Bauman, M. D.

(Address) Kirkpatrick Bldg, St. Joseph, 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

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