

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

Do not use this space.

FEB 23 1937

4548

File No. 4548
Registered No. 3
St. _____ Ward _____

1. PLACE OF DEATH -
97 County Saline Registration District No. 801
9 Township _____ Primary Registration District No. 4480
2 City Sweet Springs (No. 2)
2. FULL NAME Myrtle Taylor
(a) Residence, No. Maud 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. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamuel Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1901
7. AGE YEARS 35 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General house work
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) November 1936 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co mo
13. NAME William Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington mo
15. MAIDEN NAME Birdie Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co mo
17. INFORMANT Birdie Williams (ADDRESS) Sweet Springs mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Pond Cemetery DATE Jan 29 1937
19. UNDERTAKER Juste Starkey (ADDRESS) Sweet Springs mo
20. FILED 1-28 1937 Rae C. Harrison Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 26 1937
22. I HEREBY CERTIFY, That I attended deceased from 1 - 10 1937, to 1 - 26 1937
I last saw h. h alive on 1 - 26 1937. Death is said to have occurred on the date stated above, at 4:20 p. m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs Date of onset 11-36
flu
followed by T.B.
Other contributory causes of importance:
flu
followed by T.B.
Name of operation no Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury no
Nature of injury no
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. B. Jones M. D.
(Address) Sweet Springs mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCASION

