

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No. 1)

Registration District No. 411
Primary Registration District No. 2002

File No. 6799

2. FULL NAME

(a) Residence, No. 215 N. Sergeant Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-37

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

I HEREBY CERTIFY, That I attended deceased from August 16/8 to 2/8 1937
That saw her alive on 2/8 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1870

to have occurred on the date stated above, at 2:30 PM

7. AGE YEARS 66 MONTHS 2 DAYS 27
If LESS than 1 day, hrs. min.

The principal cause of death and related causes of importance were as follows:
Apoplexy
Hypertension
Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house duties

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

Other contributory causes of importance:
Hypertension
Myocardial infarction

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington, Penn

13. NAME OF FATHER John C. Taylor

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

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mrs. M. G. Taylor

18. BURIAL INFORMATION (PLACE) St. John's

19. UNDERTAKER (ADDRESS) Central Trust

20. FILED 209 1937 Ed. D. Jones Registrar

Name of operation Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury

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

23. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. Mitchell Gray, M. D.

(Address) Jackson 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.

W. M. G.

209

10