

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
Township *East Oak*
City *Nora J. Taylor* (No. _____ St. _____ Ward)

Registration District No. *5596 Post Oak*
Primary Registration District No. *4256 Detroit*

File No. *7 6904*
Registered No. *430*

2. FULL NAME

Nora J. Taylor

(a) Residence, No. _____ St. _____ 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wm Taylor</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 30 1882</i>		
7. AGE YEARS <i>54</i>	MONTHS <i>6</i>	DAYS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>		
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) <i>Lafayette Mo</i>		
13. NAME <i>F. W. Taggart</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
15. MAIDEN NAME <i>Jules as [unclear]</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT (ADDRESS) <i>Wm Taylor Warrensburg Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Maple Hill</i> DATE <i>Feb 22 1937</i>		
19. UNDERTAKER (ADDRESS) <i>Sweeney - Halliday Warrensburg Mo</i>		
20. FILED <i>March 9 1937</i> Registrar <i>[Signature]</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb - 20 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____ 1937

I last saw him alive on *Feb 20 1937* Death is said to have occurred on the date stated above, at *6:15 A.M.*

The principal cause of death and related causes of importance were as follows:
Diphtheria Date of onset *2/14/37*

Other contributory causes of importance:
Debility of veteran Dent *known*

Name of operation: _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *[Signature]* M. D.
(Address) *[Address]*

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.

