

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 22785
 Township Rain Primary Registration District No. 1002 Registered No. 255
 City Kansas City (No. 4606 Bell) St. _____ Ward _____

2. FULL NAME Sophonria Taylor
 (a) Residence, No. 4606 Bell 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 59 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Missouri

13. NAME Edwin Sullivan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Betty Jane Ternel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Miss Agnes Thompson
 (ADDRESS) 4606 Bell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park-Mo DATE June 15, 1937

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED 6/14 37 M.M. Korman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 36 to June 13, 1937
 I last saw her alive on June 13, 1937. Death is said to have occurred on the date stated above, at 3:02 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix 1935
48
 Other contributory causes of importance:
uterine hemorrhages
severe anemia
Diabetes 67-37
 Name of operation removal Date of _____
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Ernest J. Ferguson M.D.
 (Address) 993 Broadway

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2-4
E. H. Ferguson
Department of Biology

6:30 - 8 - 4/58