

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.

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

Do not use this space.

JUL 29 1937

24119

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington

Registration District No. 461
Primary Registration District No. 3024

File No. 56
Registered No. _____
St. _____ Ward _____

2. FULL NAME

May Grass

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>36</u>	<u>36</u>	<u>-</u>	<u>-</u>	<u>-</u>

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) Magazine Ark.

13. NAME Harry M. Taylor

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

15. MAIDEN NAME Lizzie Young

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

17. INFORMANT (ADDRESS) Earl Long Lex. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington DATE July 2 1937

19. UNDERTAKER (ADDRESS) Winkler Lex. Mo.

20. FILED July 2, 1937 Faye B. Bates Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-29-1937, to 6-29-1937

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Shot
Homicide
(Coroner case)

Other contributory causes of importance: _____

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? Homicide Date of injury 6-29-1937

Where did injury occur? at home Taylor Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Shot 37 Caliber Pistol

Nature of injury Bullet wound in head

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) E. B. Misset, M. D.
(Address) Odessa Mo.

DEC 17 1948

OCT 23 1948