

24216

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

1. PLACE OF DEATH

County

Township

City

Macon
Chariton
Excelsior R#2

(No.

Registration District No.

Primary Registration District No.

(No.

529

5705

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

W

Widow

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

J. E. Taylor, 18

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

Oct. 18 1849

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

87

5

17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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

Retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

White Hall Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. UNDERTAKER (ADDRESS)

20. FILED

Mt Salem Mo. 4-6-37

Stephens & Gooding Macon Mo.

July 16 1937 mo R. W. Dowell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 - 1937, to April 4 - 1937

I last saw her alive on March 11 1937 Death is said to have occurred on the date stated above, at 12:20 a.m.

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

Senility

Date of onset 1910

Other contributory causes of importance: 162

Name of operation

Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed)

(Address)

J. B. Stokes, M. D.

Excelsior, Mo

61 JUL 3 0 1937

