

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. no Methodist Hospital)File No. 26725Registered No. 813

St. _____ Ward)

2. FULL NAME

Rebecca Emily Taylor(a) Residence, No. Missouri Methodist HospitalWard. Maryville Mo R.R #2.

(Usual place of abode)

(If non-resident, 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

F.

4. COLOR OR RACE

W

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

single

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

single

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

June 4, 1917.

7. AGE

YEARS 20MONTHS 1DAYS 17

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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 ✓

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

Skidmore Mo

FATHER

13. NAME

Samuel E. Taylor

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

Clearmont Mo

MOTHER

15. MAIDEN NAME

Araminta Howden

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

Skidmore Mo

17. INFORMANT (ADDRESS)

Fred Newlon Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Skidmore Mo. DATE July 23, 1937

19. UNDERTAKER (ADDRESS)

Price Funeral Home Maryville Mo.

20. FILED

July 22, 1937 H. J. Keith Bush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 21, 1937

22. I HEREBY CERTIFY That I attended deceased from

7-14, 1937 to 7-21, 1937I last saw him alive on 7-21, 1937 Death is saidto have occurred on the date stated above, at 9:50 p.m.

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

acute infectious hepatitis Date of onset 7-17-37

Other contributory causes of importance:

acute appendicitis 121 7-12-37Name of operation appendectomy Date of 7-14-37What test confirmed diagnosis? clinical Was there an autopsy? No

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) Floyd H. Danner, M. D.(Address) Central Bldg. St. Joseph

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X7294

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.

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