

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

Do not use this space.

SEP 21 1937

57 1. PLACE OF DEATH
 County Lincoln Registration District No. 491
 Township Bedford Primary Registration District No. 4298
 City Gray (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Annie Taylor
 (a) Residence, No. Tray St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31106

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>0</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Inspect

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) unknown

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Edwards Supt. Kansas
 (ADDRESS) 4 Co. Farm

18. BURIAL, CREMATION OR REMOVAL
 PLACE Asbury Cem. DATE Aug 11, 1937

19. UNDERTAKER Wayne Mc Coy
 (ADDRESS) Tray Mo

20. FILED Aug 11, 1937 Mrs. Paul Muck
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1, 1937 to Aug 10, 1937
 I last saw her alive on Aug 9, 1937. Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
Cancer of Uterus
 Date of onset Don't know

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Physical 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 1

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Ed. A. Supt. Kansas, M. D.,
 (Signed) Gray, Missouri
 (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.

