

OCT 21 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Grosvenor
Cerebral embolism
Do not use this space.

34715

1. PLACE OF DEATH

County Mason Registration District No. 533
Township 1 Primary Registration District No. 3027
City Mason (No. 1) St. 18 Ward 18

2. FULL NAME

Marion B. Taylor
(a) Residence, No. 110 St. 18 Ward 18
(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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1872

7. AGE YEARS 65 MONTHS 1 DAYS 9 If LESS than 1 day,hrs. ormin.

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

13. NAME John M. Daniel

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

15. MAIDEN NAME Evelyn Peterson

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

17. INFORMANT (ADDRESS) James Barber

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph M. Co. Bkt. 9 DATE Sept. 9, 1937

19. UNDERTAKER (ADDRESS) Albert Skinner

20. FILED Sept. 9, 1937 Debra Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1937

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1937 to 9-7-37, 1937

I last saw him alive on 9-7-37, 1937. Death is said to have occurred on the date stated above, at 3:42 P.M.

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

Myocarditis chronic with mitral regurgitation

Date of onset one or more years

Other contributory causes of importance: Cerebral embolism with resulting right hemiplegia

9-5-37

Name of operation None Date of None
What test confirmed diagnosis? None 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) J. P. Grosvenor, M. D.
(Address) Mason Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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