

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 10
Township Marion 7th Primary Registration District No. 5013
City Clarksdale (No.) St. Ward)

File No. 36984

Registered No. 7

2. FULL NAME Anna Elizabeth Taylor

(a) Residence, No. R.F.D. No 2 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred Life 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 8

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) Andrew Co Mo

13. NAME Federle Kessler

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

15. MAIDEN NAME Anna Zug

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

17. INFORMANT Thelma Reardon St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowen Cem DATE Oct 15 - 37 19

19. UNDERTAKER Harry Probie (ADDRESS) St. Joseph Mo

20. FILED 10-20-1937 J. A. DeLoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 37 19

22. I HEREBY CERTIFY, that I attended deceased from May 11 - 37 to Oct 12 1937
I last saw her alive on Oct 11 - 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Other contributory causes of importance: 8221
Hyperkeratosis
Capillary set gen

Name of operation None Date of
What test confirmed diagnosis? Clon 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 Franklin DeLoe
(Signed) Franklin DeLoe M. D.
(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.

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