

JAN 18 1938

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

45292
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 297
(b) Township _____ Primary Registration District No. 3016 Registered No. 98
(c) City Washington (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY WELDON TAFF
(a) Residence, No. 209 E. Fourth St. Washington Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>1</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as 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) St. Louis Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown 31

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

17. INFORMANT (ADDRESS) Mrs. Jesse Hart Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo. DATE Dec. 17th 1937

19. FUNERAL DIRECTOR (ADDRESS) McBaw Funeral Home Rolla, Mo.

20. FILED Dec. 9 - 1937 H. A. May Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar-18, 1936, to Nov 9, 1937
I last saw her alive on Dec. 9 - 1937 Death is said to have occurred on the date stated above, at 7:40 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Chronic nephritis

Other contributory causes of importance:
None

Name of operation none Date of _____
What 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) R. R. Quiles, M. D.
(Address) Washington, Mo.

Date of onset
not known

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.

STATEMENT BY LICENSED EMBALMER

I, Lester A Vitt, Licensed Embalmer No. 3254

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Lester A Vitt

Licensed Embalmer No. 3254

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)