

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

Do not use this space.

27

1. PLACE OF DEATH

County Marion
 Township South River
 City..... (No., St., Ward)

Registration District No. 548
 Primary Registration District No. 5741

File No. 3436
 Registered No. 1

2. FULL NAME

Mary Mattie Taylor

(a) Residence, No. St. Ward.
 (Usual place of abode) 5 yrs. mos. ds. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (using the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>36</u>	<u>0</u>	<u>10</u>	

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

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 36

12. BIRTHPLACE (CITY OR TOWN) Hannibal, Mo.
 (STATE OR COUNTRY)

13. NAME George Lewis

14. BIRTHPLACE (CITY OR TOWN) Macon City, Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Minnie woods

16. BIRTHPLACE (CITY OR TOWN) New London, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Charles Taylor
 (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Baptist Cem.
 PLACE Hannibal, Mo. DATE 1/9/38

19. UNDERTAKER Lewis Mason
 (ADDRESS) Palmyra, Mo.

20. FILED Jan 8-38 W. H. H. H. H.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1937 to 1/7 1938

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:10 p.m.

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

Syphilitic aortitis

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? Yes
 If so, specify.....

(Signed) W. J. H. H., M. D.
 (Address) Palmyra, Mo.

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

RECEIVED

FEB 28 1938

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