

REC'D APR 18 1938

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

9975

Do not use this space.

1. PLACE OF DEATH

2 (a) County Andrew Registration District No. 8
 1 (b) Township Lincolnton Primary Registration District No. 4003 Registered No. _____
 0 (c) City Amazonia (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertie Merton Taylor 460

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Amazonia (STATE OR COUNTRY) Mo13. NAME Wilbert Taylor14. BIRTHPLACE (CITY OR TOWN) Amazonia (STATE OR COUNTRY) Mo15. MAIDEN NAME Lara Wilma Williams16. BIRTHPLACE (CITY OR TOWN) Forest City (STATE OR COUNTRY) Mo17. INFORMANT Wilbert Taylor (ADDRESS) Amazonia Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Amazonia Mo DATE 3-29 193819. FUNERAL DIRECTOR J. E. B. Brey (ADDRESS) Savannah Mo20. FILED Mar 29 1938 J. W. Holcomb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 193822. I HEREBY CERTIFY, That I attended deceased from March 7, 1938 to March 29, 1938I last saw him alive on March 28, 1938. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

Scarlet Fever
Polar Pneumonia
 Date of onset Mar 7
11 16

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? _____

If so, specify _____

(Signed) Dr. W. F. Kelley, M. D.(Address) Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-26-37 I X12004

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, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

L. E.

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

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)