

REC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 156
 Township Waverly Primary Registration District No. 520
 City Waverly (No. _____) St. _____ Ward _____

File No. 24996

Registered No. 48

2. FULL NAME

Dorothy Catharine Taylor 460
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-maker

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) Cass Co. Mo.

13. NAME Edwin L. Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo.

15. MAIDEN NAME Laura Bricker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo.

17. INFORMANT (ADDRESS) John G. Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Wills Cemetery DATE 7/12 1938

19. UNDERTAKER (ADDRESS) Raymond Burgess
Harrisonville Mo.

20. FILED 7-11 1938 W. C. Harrisonville Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29 1938, to July 10 1938
 I last saw him/her alive on July 10 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Tuberculosis of lungs and involvement of gastric intestinal tract.
 Other contributory causes of importance: hypertension of chronic type

Name of operation _____ Date of _____
 What test confirmed diagnosis? not known Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. C. Harrisonville Mo. M. D. C.

(Address) Harrisonville Mo.

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

FORM 22-35 I X9314

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.

