REG'D SEP 27 1938

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

29515
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi 1
(b) Township Tywappity
(c) City Charleston
Registration District No. 566
Primary Registration District No. 5762
Registered No. 107
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Leberta Taylor
(a) Residence, No. RFD #2 Henry Renaud Farm St. 460
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1938
7. AGE YEARS MONTHS 2 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Charleston Mo.

FATHER
13. NAME W. L. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Ark.

MOTHER
15. MAIDEN NAME Pina Lee Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mattson Miss.

17. INFORMANT W. L. Taylor
(ADDRESS) RFD #2 Charleston, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE Aug. 29 1938
19. FUNERAL DIRECTOR (NAME) Frank Jay Funeral Home
(ADDRESS) Charleston, Mo
20. FILED Aug 29, 1938 J. D. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 4:05 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8/24, 1938, to 8/28, 1938
I last saw h... alive on 8/26, 1938. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8-22
following acute Bronchitis	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
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. S. Love, M. D.
(Address) Charleston, Mo.
508

Licensed Embalmer's Statement on Reverse Side)

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.

X14028 ... WITH ... INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.