

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Peachawan Registration District No. 185
Township Joseph Primary Registration District No. 390
City Joseph (No. No. Milk West) St. _____ Ward _____

File No. 31715
Registered No. _____

2. FULL NAME Sary Lynn Taylor

(a) Residence, No. 4180 No 13th St. _____ Ward _____

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1938
22. I HEREBY CERTIFY, That I viewed deceased from 9-4-1938 to _____, 19____

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:38 a m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1937
7. AGE YEARS 0 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

Bronchopneumonia Date of onset 4/27 38

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No
10. Date deceased last worked at this occupation (month and year) Nov 30 1937
11. Total time (years) spent in this occupation 2 1/2

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

Name of operation No history Date of _____
What test confirmed diagnosis History Was there an autopsy Yes

FATHER
13. NAME E J Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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. _____

MOTHER
15. MAIDEN NAME Delia Lamp here

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

17. INFORMANT (ADDRESS) E J Taylor 4180 No 13th

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Lib DATE 9/5 38

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) J L Stuey 957 1/2 No 13th

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Dr. Tadlock - coroner (Signed) _____ M. D.
(Address) King Hill Bldg

20. FILED 9/6 38 Registrar.

STATEMENT BY LICENSED EMBALMER

I, J. L. Murphy, Licensed Embalmer No. 1946

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by J. L. Murphy

or by _____, Registered Apprentice No. _____

(Signed) J. L. Murphy
Licensed Embalmer No. _____

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