

NOV 3 1938

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

36349  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid? Registration District No. 607  
(b) Township Sumner Primary Registration District No. 4361  
(c) City Postville (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

(a) Residence, No. Postville, MO St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u> Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 '38</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>20</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	
	<u>Infant</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Postville MO</u>	
	13. NAME <u>LeRoy Taylor</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thomasville MO</u>	
	15. MAIDEN NAME <u>Leda Peterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue Ark</u>	
17. INFORMANT (ADDRESS) <u>Le Roy Taylor Postville, MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>July 4</u> DATE <u>Oct 11 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>W. H. Anderson Postville, MO</u>		
20. FILED _____ 19 _____ Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938 to Oct 11 1938  
I last saw him alive on Oct 8 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Congenital Heart Disease  
157°C  
Date of onset 8-23-38

Other contributory causes of importance:  
Terminal broncho-pneumonia  
10-8-38

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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 \_\_\_\_\_, 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 \_\_\_\_\_ M. D.  
(Signed) L. G. Leonard  
(Address) Postville, MO

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, Leo H. Hedgeroth, Licensed Embalmer No. 3803

hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not

L. E.

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

Signed Leo H. Hedgeroth  
Licensed Embalmer No. 3803

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

36349

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607

(b) Township Portageville Primary Registration District No. 4361 Registered No. 74

(c) City Portageville (d) Street No. \_\_\_\_\_ 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 Ora Lee Taylor

(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 7 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1938

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

1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

13. NAME Le Roy Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phoeniasville Ark

MOTHER 15. MAIDEN NAME Leola Owen

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

17. INFORMANT (ADDRESS) Le Roy Taylor Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Open DATE Oct 11 38

19. FUNERAL DIRECTOR (ADDRESS) Richardson St New Madrid Mo

20. FILED 12-9 1938 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 8 1938 to Oct 11 1938

I last saw h. or alive on Oct 11 1938. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Congenital Heart Disease Date of onset 8/22/38

Other contributory causes of importance: Terminal Broncho Pneumonia 10/8/38

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 \_\_\_\_\_

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) R. C. Cozard M. D.

(Address) Portageville Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

