DEC'D FEB 21 1939

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

Do not use this space.

1489

File No.
Registered No. I5

1. PLACE OF DEATH
County Audrain
Township
City Mexico, Mo (No. Audrain Hospital St. Ward)

Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME Ida Bell Taylor
(a) Residence, No. Martinsburg Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4
4
2

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 Ralph Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2I I884

7. AGE: YEARS 54 | MONTHS 5 | DAYS 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jan 26 - 1939
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo. 0

FATHER
13. NAME John Davis 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo. 0

MOTHER
15. MAIDEN NAME Lucretia Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

17. INFORMANT Ralph Taylor
(ADDRESS) Martinsbirg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo. DATE Feb I, 19 39

19. UNDERTAKER R.B. Wells
(ADDRESS) Wellsville Mo

20. FILED Jan 29, 19 39 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 19 39, to Jan 29, 19 39
I last saw her alive on Jan 29, 19 39 Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemeplegia, Cerebral Hemorrhage	
	I-27 1939

Other contributory causes of importance:
Paralysis of breathing center

Name of operation none Date of
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) Paul E. Paul, M. D.
(Address) Mexico, Mo.

23

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

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-34-35
Date Filed FEB 9 1939