

JAN 13 1939

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

3180

## 1. PLACE OF DEATH

 County Montgomery  
 Township Loutre  
 City Blount (No. ....)

 Registration District No. 590  
 Primary Registration District No. 4348  
5750A

 File No. ....  
 Registered No. ....  
 St. .... Ward)
2. FULL NAME Amanda Jane Taylor
 (a) Residence, No. McKittrick, Mo. RFD St. Ward. ....  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W S Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 7-1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
81 3 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housekeeper

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) Berger Missouri

 FATHER 13. NAME Arkansas John

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
Unknown, /
 MOTHER 15. MAIDEN NAME Cerivita Patton

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
Unknown.
 17. INFORMANT John H Taylor (ADDRESS) McKittrick Mo. 17414 201

 18. BURIAL, CREMATION, OR REMOVAL PLACE Patton Cent. DATE Jan-7 1939

 19. UNDERTAKER Barton Baker (ADDRESS) Americus Mo

 20. FILED Jan 9 1939 Blanche Scholten Registrar. 1526
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 2 1939 to Jan 6 1939

 I last saw her alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 6 a. m.

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

Acute BronchitisDate of onset 1-2-39

Other contributory causes of importance:

Indigestion of age

Name of operation..... 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? no

If so, specify.....

(Signed) O. R. Kauschelbach M. D.(Address) Rhine Land Mo

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