

REC'D APR 15 1939

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

10683  
Do not use this space.

## 1. PLACE OF DEATH

(a) County DeKalb Registration District No. 259  
(b) Township Camden Primary Registration District No. 415 Registered No. \_\_\_\_\_  
(c) City Maysville (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 Hbc Anna 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 Female 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 Jonathan Taylor  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1857  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 8 15  
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) Hoosier Co. Indiana  
13. NAME Samuel L. Bray  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
15. MAIDEN NAME Mary L. Lindley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
17. INFORMANT Sam Taylor (ADDRESS) Maysville Mo.  
18. BURIAL, CREMATION, OR REMOVAL Maysville Cemetery DATE 3/14-39  
19. FUNERAL DIRECTOR (NAME) U. G. Pilcher (ADDRESS) Maysville Mo.  
20. FILED 323 1939 Ethel H. Bone Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13 1939  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1939, to Mar. 13 1939  
I last saw her alive on Mar. 13 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis  
Hypostatic Pneumonia  
Mitral stenosis  
Other contributory causes of importance:  
Generalized arteriosclerosis  
Semiplegia  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 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) John M. Cooper M. D.  
234 (Address) Maysville, Mo

RECEIVED

District Health Officer No. 111

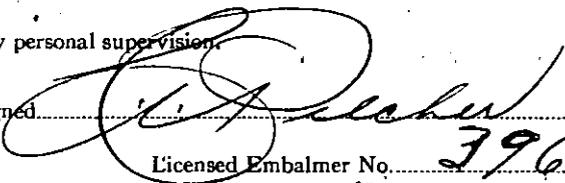
File Number 39-277

Date Filed APR 10 1939

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. 3960

P. O. Address Mansfield Mo

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.