

AUG 14 1939

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

25643
Do not use this space.

1. PLACE OF DEATH GREENE
(a) County Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) City (d) Street No. 1050 S. FORT. Registered No. 582
(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 IDA B. TAYLOR
(a) Residence, No. 1050 S. FORT. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. In home
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) Mazon Co. Ill.
13. NAME Joe Wiseman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Jane Gregory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Clyde Kelly, Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn, July 24, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. King, Springfield, Mo.
20. FILED July 24, 1939 Chas. George, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939
22. HEREBY CERTIFY That I attended deceased from Sept 1938, to July 23, 1939
I last saw her alive on July 22, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset 7/20/39
Other contributory causes of importance: Hypertension, C.V. disease, Cardiovascular
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinic. 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) A. H. White, M. D.
Springfield

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.

THIS IS A PERMANENT RECORD

MAR 7 1946

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 Ray A. Adams

Licensed Embalmer No. 1763

P. O. Address Springfield

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.

X