aylor

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

NOV 14 1939

Do not use this space.

35004

File No.

Registered No. 3979

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. , Trinity Lutheran Hospital Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. Hazel Marie Taylor
(a) Residence, No. 3527 Benton Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. M. F. Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Robert G. Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME Mabel Grosh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT M. F. Taylor
(ADDRESS) 3527 Benton Boulevard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wichita, Kansas DATE Oct. 17, 1939

19. UNDERTAKER Freeman Mortuary
(ADDRESS) 104 W. 42ndSt., K.C., Mo.

20. FILED 10/16, 1939 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Oct 16, 1939
I last saw h. alive on 10-16-39, 19 Death is said to have occurred on the date stated above, at 2:45A m.
The principal cause of death and related causes of importance were as follows:

Metastatic Ca: (Original in uterus) — Date of onset 8-1-39 / 1937

Other contributory causes of importance: Toxemia, Obstruction.

Name of operation Hysterect (37) Date of
What test confirmed diagnosis? Op. Was there an autopsy? Yes

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) Robert M. Myers M. D.
(Address) 1025 Rialto Bldg K.C. Mo.

V. S. No. 2
50M-10-22-38
1 X9314

MARGIN RESERVED FOR BINDING

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.