

FILED JUN 11 1947

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

Do not use this space.

19880

1. PLACE OF DEATH

County Stone
Township Washington
City Salena Mo. (No. _____)

Registration District No. 347
Primary Registration District No. 6172

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred

35 yrs

Ward _____

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 11 14

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Reidys Baird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) American Bloddy

15. MAIDEN NAME Dunkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

17. INFORMANT (ADDRESS) Mrs. E. Stewart

18. BURIAL, CREMATION, OR REMOVAL PLACE Cranley DATE May 25 1947

19. UNDERTAKER (ADDRESS) Everett J. Cheatham
Salena Mo.

20. FILED May 23 1947 Lena Murray Dep. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 20 May 1947

22. I HEREBY CERTIFY, That I attended deceased from April 1946 to May 1947

I last saw him alive on 19 May 1947 Death is said

to have occurred on the date stated above, at 6:30 P. m.

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

Hypertension + Myocarditis

Date of onset

Other contributory causes of importance: Emphysema

Name of operation 92K 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? _____ If so, specify _____

(Signed) J. J. Murray, M. D.

(Address) Salena Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 647-641

Date Filed JUN 10 1947

This Body was Embalmed by me, # 3870
Everett J. Cheatham
Salina, Mo.