

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

Do not use this space.

38868

JAN 12 1937

1. PLACE OF DEATH
 County Clay Registration District No. 201
 Township 100 Primary Registration District No. 2917
 City 100 (No. 116 W Mill St) St. _____ Ward _____

2. FULL NAME Fannie Taylor
 (a) Residence. No. 116 W Mill 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.

File No. _____
 Registered No. 129
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930, to Dec 28, 1930 that I last saw her alive on Dec 28, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
97 (duration) yrs. mos. ds.
 CONTRIBUTORY arteriosclerosis - long dur
 (SECONDARY) ration (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Rothwell, M. D.
Jan 1, 1937 (Address) Schuyler

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Allen Heart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo
 (STATE OR COUNTRY)

14. INFORMANT Allen Taylor
 (Address) 116 W Mill St

15. FILED 1/10/37, 1937 W. J. Jackson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Mo DATE OF BURIAL 1-2 1937

20. UNDERTAKER J. B. Moore ADDRESS 1820 E 18

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.

