

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

Do not use this space.

11820

1. PLACE OF DEATH

County Barry
Township Cassville
City Cassville (No.)

Registration District No. 29
Primary Registration District No. 5038

File No.
Registered No. 25
St. Ward

2. FULL NAME

(a) Residence, No. Ward.
(Usual place of abode) Cassville, Mo.

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Thos. J. Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8th 1852</u>		
7. AGE <u>81</u>	YEARS <u>8</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		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 <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
13. NAME <u>Samuel Kelly</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
15. MAIDEN NAME <u>Mary Samuels</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
17. INFORMANT (ADDRESS) <u>John Taylor</u> <u>Cassville</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cassville, Mo.</u> DATE <u>Apr 12 1934</u>
19. UNDERTAKER (ADDRESS) <u>Home-Call</u> <u>Cassville</u>
20. FILED <u>May 16 1934</u> <u>John W. Newman</u> <u>Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 30, 1934, to Mar 24, 1934

I last saw her alive on Mar 24, 1934 Death is said to have occurred on the date stated above, at 4 a.m.

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

Date of onset unk.

Other contributory causes of importance:

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?
If so, specify
(Signed) Thos. J. Taylor, M. D.
(Address) Cassville, Mo.

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.

JUN 20 1934

