

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

8385-B

1. PLACE OF DEATH

County New Madrid Registration District No. 604 File No. 469
 Township " " Primary Registration District No. 5802 Registered No. 469
 City " " (No. " " St. " " Word)

2. FULL NAME

Linna May Taylor

(a) Residence No. " " Ward. " " (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs.
14 4 15 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

BIRTHPLACE (CITY OR TOWN) St. Albans, Vt.
 STATE OR COUNTRY Mo.
 NAME OF FATHER Geo. Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Albans
 (STATE OR COUNTRY) Vt.

12. MAIDEN NAME OF MOTHER Nannie Green

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

INFORMANT J. L. Taylor
 (Address) New Madrid

FILED 4/13/28 REGISTRAR W. Bannan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18 1924

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1924, to March 12, 1928, that I last saw h.m. alive on March 12, 1928, and that death occurred, on the date stated above, at 143 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (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) Dr. W. L. Dwyer, M. D.
 , 19 (Address) New Madrid

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cem. DATE OF BURIAL 3-18 1924

20. UNDERTAKER Mrs. O. B. Richards ADDRESS Mo.

PARENTS

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used when needed. As examples: (a) *Spinner*, (b) *Spinner, Textile factory*. The material of the first part of the second statement is *Farmer, Foreman*, "Man in charge of *factory*," "Foreman," "Manager," "Without more precise specification," *Farm laborer, Laborer*, "Home, who are engaged in *work* only (not paid *Home* salary), may be entered as *At work* or *At home*, and children, as *At school* or *At home*, to report specifically the *work* engaged in domestic service, *Waitress, Cook, Housemaid*, etc.

CAUSE OF DISEASE CAUSING DEATH, state occupation during illness. If retired from business, it may be indicated thus: *Farmer (retired)*. For persons who have no occupation write *None*.

Statement of Cause of Death.—Name, first, of the **CAUSE OF DISEASE CAUSING DEATH** (the primary affection, as to time and causation), using always the correct term for the same disease. Examples: *Typhoid fever* (the only definite synonym is *cerebrospinal meningitis*); *Diphtheria* (not "Croup"); *Typhoid fever* (never report

"Typhoid fever" (never report "Typhoid fever"); *Lobar pneumonia* (never report "Pneumonia," unequal); *Tuberculosis of lungs, meningitis, peritonitis, Carcinoma, Sarcoma*, etc., of *Unknown* origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

JUN 18 1945

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.