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

85

Do not use this space.

9660

File No. 367

Registered No.

1. PLACE OF DEATH

County Buchanan

Registration District No.

Primary Registration District No. 1001

Township

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Grace Glendora Taff,

(a) Residence. No. St., Ward. Blythedale, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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 Fred Taff,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	19	5	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

121A
692

9. BIRTHPLACE (CITY OR TOWN) Harrison County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Seth Stanley,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co.,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Nannie Higdon,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs Cora Mapple
(Address) Blythedale, Missouri.

15. FILED MAR 18 1929 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to March 16, 1929, that I last saw her alive on March 16, 1929, and that death occurred, on the date stated above, at 9:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Ruptured Gangrenous Appendix (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

1170

18. WHERE WAS DISEASE CONTRACTED Harrison Co Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 15-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Infection Septic

(Signed) Carol Yeager, M. D.

March 16-29, 1929 (Address) St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blythedale, Missouri,

DATE OF BURIAL Mch. 18, 1929

20. UNDERTAKER Heaton-Belsel-Burns

ADDRESS 319 S. 10 St.

by S W Karle Funeral Home

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.