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

Do not use this space.

511

19

FEB 18 1931

1. PLACE OF DEATH
County Cass
Township Peculiar
City ..... (No. ..... St. ..... Ward)

Registration District No. 156
Primary Registration District No. 5220

File No. .....
Registered No. 4

2. FULL NAME Mary Ann Taylor

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

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	11	27	

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

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

PARENTS

10. NAME OF FATHER Henry S Berkstresser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Margaret Stone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Emma J. Berkstresser
(Address) 3136 McGee Kansas City Mo

15. FILED 1/15, 1931 D S Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1931

17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to Jan 14, 1931 that I last saw her alive on Jan 15, 1931, and that death occurred, on the date stated above, at 7:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
10
51
110 (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C Conrad, M. D.
1/15, 1931 (Address) Pleasant Hills 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: Pitts Chapel Cemetery
DATE OF BURIAL: 1/16 1931

20. UNDERTAKER: Runnenburger Bros + Co
ADDRESS: Harrisonville Mo

Dr Conrad.

V. S. No. 2.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.