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

Do not use this space.
765

FEB 1 1931

1. PLACE OF DEATH
County: Dunklin — Registration District No. 283
Township: Bragg Mes. — Primary Registration District No. 0402
City: ..... (No. ....., ... St. ..... Ward)

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

2. FULL NAME: Wanda Lee 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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-20-1930

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	1	10	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: —
(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): Mo.

PARENTS
10. NAME OF FATHER: Oscar Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Leona Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ark.

14. INFORMANT: Oscar Taylor
(Address): Arbyrd Mo. (R)

15. FILED: 1/30, 1931 — E. E. Newsom, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-30-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19-, 1931, to Jan. 29-, 1931, that I last saw h. alive on Jan. 29-, 1931, and that death occurred, on the date stated above, at 10-a-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Heart
15 hr
Fife
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Eli Bond, M. D.
, 19 (Address) Cardwell 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: McGrew Cemetery — DATE OF BURIAL: 1-31 1931
20. UNDERTAKER: Howard & Anderson — ADDRESS: Cardwell 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.

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