

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

Do not use this space.

334

**1. PLACE OF DEATH**

14 County Callaway Registration District No. 104  
 2 Township ..... Primary Registration District No. 3008  
 7 City Fulton (No. ...., St. .... Ward)

**2. FULL NAME** Mrs. Nancy Elizebeth 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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/12 1846</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>II</u>	DAYS <u>12</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>	
	13. NAME <u>Grandvil Wood</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va. 2</u>	
	15. MAIDEN NAME <u>Sallie Ballard</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
17. INFORMANT <u>Oscar Taylor</u> <u>Fulton Mo.</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pinear Cemetery</u> DATE <u>1/25 32</u> 19. UNDERTAKER <u>Herndon Taylor</u> <u>Fulton Mo.</u> (ADDRESS)		
20. FILED <u>Jan 25 1932</u> <u>R. M. Crews</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 21 1932 to Jan 24 1932  
 I last saw him alive on Jan 23 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Bronchial Pneumonia Date of onset 1-19-32  
107A  
162 107a  
 Other contributory causes of importance:  
Senility

Name of operation None Date of None  
 What test confirmed diagnosis Physical Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify None  
 (Signed) R. M. Crews, M. D.  
 (Address) Fulton 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 29 1932

1924