

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

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. 1933

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

Do not use this space.

4243

1. PLACE OF DEATH
 97 County Saline Registration District No. 795
 Township Grand Pass Primary Registration District No. 6038
 City (No.) St. Ward (No.) Ward (No.) Ward

2. FULL NAME Kate 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER FATHER
 13. NAME Essie Hutton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. J. Smith
 (ADDRESS) Grand Pass Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller Bend Mo DATE 1-11-33

19. UNDERTAKER Waller Funeral Home
 (ADDRESS) Waverly Mo

20. FILED 1-11-33 1933 Mrs. Mary Blackburn
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1933

22. I HEREBY CERTIFY That I attended deceased from Jan - 2 - 1933, to Jan - 9 - 1933
 I last saw her alive on Jan 9 - 1933 Death is said to have occurred on the date stated above, at 2:00 m.
 The principal cause of death and related causes of importance were as follows:
pneumonia (lobar) Date of onset 1888
198
 Other contributory causes of importance: Influenza

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) George A. Kelling, M. D.
 (Address) Waverly, Mo.

