

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

Do not use this space.

20285

1. PLACE OF DEATH
571 County Lincoln Registration District No. 492
Township _____ Primary Registration District No. 4297
3 City Winfield (No. _____) St. _____ Ward _____
1
2. FULL NAME Belle Louise 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 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 D. C. Taylor
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1863
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
70 1 6
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

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

10. NAME OF FATHER F. F. English
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary E. Gorin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT D. C. Taylor
(Address) Winfield, Mo.
15. FILED 6/10, 1933 E. Neunkirch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9, 1933

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to June 9, 1933 that I last saw her alive on June 9, 1933 and that death occurred, on the date stated above, at 2:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy of left side
left brain.
9 2/10
97
(duration) yrs. mos. ds. 2
1933
CONTRIBUTORY (SECONDARY) arteriosclerosis
old age (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED 82nd

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) J. J. Blavato, M. D.

, 19 33 (Address) Winfield, 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 DATE OF BURIAL

Ashbury Chapel June 13, 1933
20. UNDERTAKER David A. Forbush ADDRESS Winfield, Mo.

WRITE PLAINLY, WITH FADING 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.

JUN 23 1933

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