

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

Do not use this space.

**MAY 31 1937**

1. PLACE OF DEATH  
 977 County Salt Lake Registration District No. 796  
 Township Marshall Primary Registration District No. 3038  
 City Marshall (No. 299) W. Boyd St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah M. Tyler  
 (a) Residence, No. 2990 Boyd 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. 6 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. 17685  
 Registered No. 73

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1857

7. AGE YEARS 82 MONTHS 4 DAYS 18 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to April 18, 1937  
 I last saw her alive on April 18, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. Honorary

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) 4-16-37 11. Total time (years) spent in this occupation \_\_\_\_\_

Cancer of Colon Date of onset ?

4/10

Other contributory causes of importance: Intestinal Obstruction April 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind -

13. NAME Daniel Rickell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

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

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind -

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.

17. INFORMANT Frank D. Taylor  
 (ADDRESS) King City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE King City Mo DATE 4-19-37

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER W. S. Taggart  
 (ADDRESS) King City Mo

20. FILED 4-18-37 Mary Kent Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. D. M. D.  
 (Address) Marshall, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937

