

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

Do not use this space.

17882

111 1. PLACE OF DEATH MAY 31 1937
County Wayne
Township Jordan
City Patterson (No.)

Registration District No. 65
Primary Registration District No. 3192

File No.
Registered No.
St. Ward

2. FULL NAME Margaret Ann 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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19 1847
7. AGE YEARS 90 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1st 1937
22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1937, to 4-1, 1937
I last saw her alive on 3-29, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Total time (years) spent in this occupation

Cerebral Hemorrhage Date of onset
Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candler Co. Mo.
FATHER 13. NAME Mae McLaughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candler Co. Mo.
15. MAIDEN NAME Mrs. Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

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

17. INFORMANT E. B. Taylor
(ADDRESS) Patterson Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Mo. DATE Apr 2 1937
19. UNDERTAKER W. W. York
(ADDRESS) Patterson Mo.
20. FILED 5-6 1937 Mrs. J. M. Holt
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. B. Taylor, M. D.
(Address) Patterson Mo.

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



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne
Township Logan
City (No.)

Registration District No. 65-
Primary Registration District No. 5192

File No. 178821
Registered No.
St. Ward)

2. FULL NAME

Margaret Ann Taylor

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

| | | | | |
|--------|-----------|--------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>90</u> | | <u>12</u> | |

OCCUPATION

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED May 6 1937 Mrs T M Polk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1 1937

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? If so, specify

(Signed) C. H. Jones M. D.
(Address) Piedmont Mo

SUPPLEMENTARY

THIS STATE WILL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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