

APR 22 1938

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

11868
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 733
 (b) Township 1 Primary Registration District No. 4738 Registered No.
 (c) City Huntsville (d) Street No. Randolph St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cliza Ann Taylor 460
 (a) Residence, No. Huntsville Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam J. Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1869
 7. AGE YEARS 68 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as 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) Alabama

13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Daughter Lulu Fox (ADDRESS) 215 So Ill St. Streator Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville Mo. DATE 3-17- 1938

19. FUNERAL DIRECTOR Sam B. Patton (ADDRESS) Huntsville Mo.

20. FILED Apr 10 1938 Mrs D. A. Gernbach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1938, to Mar 14, 1938
 I last saw her alive on Mar 13, 1938 Death is said to have occurred on the date stated above, at 12¹⁵ a. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage R.
Chr. Nephritis
Hypertension

Date of onset 3/8/38
D.K.
D.K.

Other contributory causes of importance: 121

Name of operation none Date of
 What test confirmed diagnosis? Exam 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) Philip Dreyer M. D.
 (Address) Huntsville 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

● **Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**