

OCT 24 1938

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

32553

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 4488 4226
 (b) Township _____ Primary Registration District No. 5808 Registered No. _____
 (c) City Conway (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dessie Taylor
 (a) Residence, No. Conway Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Earl Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Mo.13. NAME Manuel Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Algenia Steward16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs Pearl Kelsey Conway Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Conway Mo. DATE Oct 9 193819. FUNERAL DIRECTOR (ADDRESS) W. E. Holman Lebanon, Mo.20. FILED 10-10 1938 ARA Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 193822. I HEREBY CERTIFY, That I attended deceased from 7-5- 1938, to 10-7- 1938I last saw her alive on 10-8- 1938. Death is saidto have occurred on the date stated above, at 1:20 A.M.

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

Pulmonary Tuberculosis Date of onsetOther contributory causes of importance: SB

Name of operation _____ Date of _____

What test confirmed diagnosis? XRay 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) D. C. Penney, M. D.(Address) Conway Mo.

STATEMENT BY LICENSED EMBALMER

I, Carl W. Haise, Licensed Embalmer No. 3955

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

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Carl W. Haise

Licensed Embalmer No. 3955

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.)