

REC'D JUL 17 1939

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

 22392
 Do not use this space.

1. PLACE OF DEATH

 (a) County Gasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 2205 Sergeant 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mrs. Nevada Taylor
 (a) Residence, No. 2205 Sergeant 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1880

 7. AGE YEARS 59 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. or min.

 OCCUPATION 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

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

 FATHER 13. NAME Wm Harp 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

 MOTHER 15. MAIDEN NAME Wm Craven 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

 17. INFORMANT (ADDRESS) James Taylor

 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 6-23-39

 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carley Thompson

 20. FILED 6-20-39 Ed James Local Registrar

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939

 22. I HEREBY CERTIFY, that I attended deceased from June 21, 1939, to June 21, 1939

 I last saw her alive on June 21, 1939 Death is said to have occurred on the date stated above, at 4:35 a.m.

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

Cardiac Insufficiency

Date of onset

 Other contributory causes of importance: Hot Weather
Burns over body

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? No.

Also, specify _____

 (Signed) Virginia R. Hild, M. D.

Joplin, Mo. (Address) 372

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.

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RECEIVED

District Health Officer No. 6,

District File Number 739-1404

Date Filed JUL 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Paul R. Gay

Registered Apprentice No. 189

working under my personal supervision.

Signed *Looney Thompson*

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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.)

If this body is not embalmed, above space should be left blank.