

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.

REC'D AUG 17 1939

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

Do not use this space.

25464

1. PLACE OF DEATH

County Cass Registration District No. 234
Township Pop Hill Primary Registration District No. 531
City Bourbon, Mo. (No. 9)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

400 Sarah Caroline 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 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. - 15 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to April 10, 1939
I last saw her alive on April 10, 1939. Death is said to have occurred on the date stated above, at 4:30 P. M. April 15 1939
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 5 2

Cerebral Hemorrhage.
Hypertension heart disease.
Atherosclerosis.
Basal Cell Epithelioma.
Nephritic Nephrosis.

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

Other contributory causes of importance: Sanitary 50
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co. Mo.

13. NAME Joseph Bowland

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

15. MAIDEN NAME Sally Ann Woodruff

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

17. INFORMANT Mr Ruth Bowland

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon, Mo. DATE 4/16/39

19. UNDERTAKER Edw. E. Jones

20. FILED Aug 10 1939 Miss Ellis Rodgers Registrar.

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) H. H. Hammett, M. D.
Bourbon, Mo. (Address) _____

