

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

**36578**  
Do not use this space.

1. PLACE OF DEATH <sup>1040</sup> William <sup>20</sup> Registration District No. 853  
 (a) ~~County~~ Liberty Primary Registration District No. 6117 Registered No. 14  
 (b) Liberty  
 (c) City..... (d) Street No..... 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LURA ELISABETH TAYLOR  
 (a) Residence, No. Osgood, Mo. Rural  (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  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Taylor  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1867  
 7. AGE YEARS 73 MONTHS 8 DAYS 0 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) Sullivan Co Mo (STATE OR COUNTRY)

FATHER 13. NAME Isaac Wolfe

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

MOTHER 15. MAIDEN NAME Clarrinda Broyles

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

17. INFORMANT Mrs John Shipman (ADDRESS) Galt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Asbury Cemetery DATE Oct 27 1940

19. FUNERAL DIRECTOR (NAME) DK Raymondson (ADDRESS) Galt Mo

20. FILED Oct 29 1940 Mrs. Ruth Tucker Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1940, to 10-25-1940  
 I last saw her alive on 10- 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

apoplexy  
Cerebral Sotteryng  
Arterio Sclerosis  
 Date of onset 8/22/40  
 Other contributory causes of importance: ?

Name of operation..... Date of.....  
 What test confirmed diagnosis clinical. 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) V. C. Westor M. D.  
 (Address) Galt 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.

RECEIVED  
District Health Officer No: 10  
District No: 11-40-2103  
Date filed: NOV 11 1940

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed PK Payne Jr  
Licensed Embalmer No. 3400  
P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, above space should be left blank.