

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

Do not use this space.

21879

1. PLACE OF DEATH

5 County Barnes Co Registration District No. 34
Township Liberty Primary Registration District No. 5050
City (No.) St. Ward)

File No.
Registered No. 6

2. FULL NAME Helena H Taylor

(a) Residence. No. R. R. 16, Dexter, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Everett P Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 - 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrens Co
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER O. T. Hersh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Hannah Stahl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Mrs. C. L. Shupe
(Address) R. R. 16, Dexter

15. FILED 7-23-32 Mrs. H. P. Seary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1932

17. HEREBY CERTIFY, That I attended deceased from July 19, 1932, to July 19, 1932, that I last saw h.e. R. alive on July 19, 1932, and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stc of throat
L3A 8 3.3
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary TB
(duration) 30 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physiogn signs
(Signed) C. W. Fear, M. D.

7-23, 1932 (Address) Wheaton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Council Cemetery DATE OF BURIAL July 24 1932

20. UNDERTAKER Belka Funeral Home ADDRESS Wheaton 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. AUG 22 1932

