

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

Do not use this space.

31783

1. PLACE OF DEATH  
 26 County Cole Registration District No. 211  
 Township Magdon Primary Registration District No. 5291  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Taggart  
 (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**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Taggart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 2 23

OCCUPATION  
 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. at home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ spent in this occupation \_\_\_\_\_

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

MOTHER  
 13. NAME No  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31  
 15. MAIDEN NAME Orphan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER  
 17. INFORMANT John Taggart, Jr.  
 (ADDRESS) Clidertown, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Oct 19 32

19. UNDERTAKER (ADDRESS) Wayson - Tamm  
Jefferson City, Mo.  
 20. DATE Oct 15 32 Registrar H. J. Kerch, M.D.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1932

22. I HEREBY CERTIFY, That I attended deceased, from Oct 16 1932 to Oct 18 1932  
 I last saw her alive on Oct 16 1932 Death is said to have occurred on the date stated above, at CA.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Sudden death  
Diabetes & nephritis  
 Date of onset 5/9  
 Other contributory causes of importance: None

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? no 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) Jas R. Hill  
 (Address) Trust Bldg, Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 2 8 1932

