

FEB 22 1928

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

Do not use this space.

1647

1. PLACE OF DEATH

County Madison
Township Barlow
City Marshall Mo.

Registration District No. 447
Primary Registration District No. 5607

File No.
Registered No.
St. Ward)

2. FULL NAME

Maria Elizabeth 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

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Nov-13-1889

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

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>88</u>	<u>2</u>	<u>10</u>		

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).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oldham Co. Ky
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Samuel K. Washburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oldham Co. Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cinderella Minter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oldham Co. Ky
(STATE OR COUNTRY)

14. INFORMANT Cora F. Taylor
(Address) Novelty Mo.

15. FILED Jan 27 1928 Bank Building
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 24, 1928 to Jan 24, 1928.
that I last saw h. alive on Jan 24, 1928, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
100%
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Gibson, M. D.

, 19 (Address) Novelty 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 Mt. Sale DATE OF BURIAL Jan 27 1928

20. UNDERTAKER J. W. Hudson ADDRESS Edina 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.

