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.

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

Do not use this space.

MAR 16 1928

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4113

Township — Primary Registration District No. 1001 — Registered No. 210

City St. Joseph, (No. 709 South 10th. St. Ward)

2. FULL NAME Sarah Lucy Taylor,

(a) Residence. No. 709 South 10th. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 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 Joseph R. Taylor,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
77	5	18	

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

9. BIRTHPLACE (CITY OR TOWN) Liverpool,
(STATE OR COUNTRY) New York,

PARENTS

10. NAME OF FATHER Wlisha B. Sherwood,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fairfield
(STATE OR COUNTRY) Vermaont,
12. MAIDEN NAME OF MOTHER Arelia Baldwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Harry R. Taylor
(Address) 620A North 24th. Street

FEB 20 1928

15. FILED 19 John G. Itz
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 19. 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1927, to Feby 19th, 1928, that I last saw her alive on Feby 19th, 1928, and that death occurred, on the date stated above, at 3:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo Carditis (Chronic)
124B
928 (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of Liver
(duration) 1 yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) H. W. Westover, M. D.
Feby 20 1928 (Address) St. Joseph 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: Mount Mora Cemetery
DATE OF BURIAL: Feb. 21st, 1928

20. UNDERTAKER: Heaton-Br. Gale & Bowman
ADDRESS: 319 S. 10th. St. Funeral Home.