

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

Do not use this space.

9551

1. PLACE OF DEATH

County Clinton
Township Monticent
City Warrensburg (No. 1888)

Registration District No. 431
Primary Registration District No. 5593

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Margaret Etta Taylor
(a) Residence No. Monticent 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. 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) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 - 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
8 11 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Ben Taylor

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

12. MAIDEN NAME OF MOTHER Grace Dow

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

14. INFORMANT Ben Dow
(Address) Monticent Mo

15. FILED 3-24-28 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 15 - 1928, to Mar 23 - 1928, that I last saw h. EA alive on March 23 - 1928, and that death occurred, on the date stated above, at 5:15 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Whooping Cough
(duration) About 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Clytical
(Signed) Wm R Patterson M. D.

3-23-1928 (Address) Warrensburg Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lee Cemetery Monticent 3/23-1928

20. UNDERTAKER ADDRESS
Sweeney-Gore Warrensburg

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.

1928

