JAN 23 1929

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

Do not use this space.

41287

1. PLACE OF DEATH
County Jasper
Township Madison
City Carthage R# 6 (No. ..... St. ..... Ward)
Registration District No. 408
Primary Registration District No. 5856 ...
File No. .....
Registered No. .....

2. FULL NAME Alice Marion Taylor
(a) Residence. No. R# 6 St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Benton Gill Taylor
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 13 - 1876
7. AGE: Years 52 Months 11 Days 16 If LESS than 1 day, ... hrs. or ..... min.
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) Hiawatha
(STATE OR COUNTRY) Kans.

PARENTS
10. NAME OF FATHER: Daniel B. Zimmerman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER: Elizabeth Zimmerman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio.

14. INFORMANT: B. G. Taylor
(Address) Carthage Mo. R# 6

15. FILED 12/31, 1928 C. M. Ketcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Dec 29, 1928 that I last saw her alive on Dec 12, 1928, and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
(1) DID AN OPERATION PRECEDE DEATH? NO. DATE OF .....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. X. Cordonnier, M. D
12/31, 1928 (Address) Carthage 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: Taylor Cemetery
DATE OF BURIAL: 1-1 1929
20. UNDERTAKER: Ulmer - Drake
ADDRESS: Carthage

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.