WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 24 1931

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

Do not use this space.

28809

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township X — Primary Registration District No. 3029 — Registered No. 2124
City Hannibal (No. 1011 Center St. 2nd Ward)

2. FULL NAME Ella Clarice Ellen Taylor
(a) Residence, No. 1011 Center St., 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Timothy E. Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1859
7. AGE YEARS 72 MONTHS 6 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Lynn Co. Missouri

FATHER
13. NAME John Hatcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Missouri

MOTHER
15. MAIDEN NAME Nancy Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Missouri

17. INFORMANT (ADDRESS) Mrs. C. C. Strong (Daughter Hannibal, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside DATE Aug. 5, 1931
19. UNDERTAKER (ADDRESS) Wm M Smith 902 Bdwy, Hannibal, Mo.
20. FILED Aug 5, 1931 C C Cousins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1931
22. I HEREBY CERTIFY, That I attended deceased from Mch, 1927, to Aug. 3, 1931
I last saw her alive on Aug 3, 1931. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
① Uremia 2nd ary to T.B Kidneys	?
② (N.P.N. - 124 Creatinin - 10. T.B. in Urine)	
Other contributory causes of importance: Old chronic Fibrosis Pulmonary T.B.	?

Name of operation Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? NO
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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? NO
If so, specify
(Signed) J. E. Sultzman, M. D.
(Address) Hannibal Mo.

Non Protein Nitrogen