

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1935

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

Bohling

Do not use this space.

33601

37

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. 308 S. Grand)

File No. 238
Registered No. 668
St. _____ Ward _____

2. FULL NAME Eda Taylor

(a) Residence, No. 308 S. Grand 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 7 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Indiana

FATHER 13. NAME Fred Wagenlaender

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elsie Giard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mr. John F. Taylor
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Oct. 26, 1935

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED Oct 26, 1935 Frank Black
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1935

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to Oct 24, 1934
I last saw her alive on Oct 22, 1935 Death is said

to have occurred on the date stated above, at 4-45^{PM} in.

The principal cause of death and related causes of importance were as follows:

Parkinson's Disease
77 yrs.
Date of onset 5 or 6 years ago

Other contributory causes of importance:

arterio sclerosis
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Quinidine 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) Boyd Bohling, M. D.
(Address) Sedalia, Mo.

