

FEB 20 1928

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

Do not use this space.

36235-1

1. PLACE OF DEATH *Carter*
 County *Johnson* Registration District No. *145* File No. *16*
 Township *26 Johnson* Primary Registration District No. *5208* Registered No. *13*
 City *Ellsimer* (No.) St. Ward)

2. FULL NAME *Gilbert Fisk Taylor*
 (a) Residence. No. *1 mile west Ellsimer* Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *24* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 9 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 20

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

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) *Brodhead Wisconsin*

10. NAME OF FATHER *Douglas Taylor*

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) *Schenectady N.Y.*

12. MAIDEN NAME OF MOTHER *Sarah Jelliff*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) *W. Va. Ohio*

14. INFORMANT *Sister - Florence Taylor*
 (Address) *Ellsimer Mo*

15. FILED *29th* 1928 *Alexander Johnson* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 19* 19*27*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 19* 19*27*, to *Dec 19* 19*27* that I last saw him alive on *Dec 19* 19*27*, and that death occurred, on the date stated above, at *5* P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Paralysis

CONTRIBUTORY (SECONDARY) *[Signature]* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF

20. WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *B. C. Sheets* M. D.

29, 1928 (Address) *Ellsimer 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 *Brodhead, Wisconsin* DATE OF BURIAL *12-22 1927*

20. UNDERTAKER *Nathan T. Phelps* ADDRESS *Poplar Bluff Mo*

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.

