

C 28 1928

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

Do not use this space.

37443

1. PLACE OF DEATH

County Linn
Township Mt. Vernon
City (Name)

Registration District No. 470
Primary Registration District No. 5633

File No.
Registered No. 514
St. Ward

2. FULL NAME

Ruby Taylor
(a) Residence No. Illino Mrs St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) July 2, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 | 4 | 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Fruitland
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER William Henry Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Birdley
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Ellen Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Birdley
(STATE OR COUNTRY) Kentucky

14. INFORMANT Sanatorium Records
(Address)

15. Nov 22 1928 W. J. Tector
Filed 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Nov 15, 1928 that I last saw her alive on Nov 15, 1928, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis,
chronic ulcerative

myocarditis
CONTRIBUTORY (SECONDARY) (duration) yrs. 7 mos. 15 da.
(duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Illino, Mo.

DID AN OPERATION PRECEDE DEATH... No. DATE OF
WAS THERE AN AUTOPSY... No.

WHAT TEST CONFIRMED DIAGNOSIS: Physical Exam, laboratory
(Signed) E. E. Heston, M. D.
6, 19 (Address) Mt. Vernon, 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 Illino, Mo. DATE OF BURIAL 11/17 1928

20. UNDERTAKER Deeds & Fossett Mt Vernon Mo
ADDRESS

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.

Phelps & Lowell.