REC'D JUN 8 1938

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township
City Willow Springs. (No. , 4228 St. Ward)
Registration District No. 385
Primary Registration District No. 5536
File No. 18410
Registered No.

2. FULL NAME Linn Taubman 155
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16. 1859

7. AGE: YEARS 78 | MONTHS 7 | DAYS 21 | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Henry Taubman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ramsa. Isle Of Man

MOTHER
15. MAIDEN NAME Maloa Courant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Mary E. Taubman Willow Springs

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maquoketa. Ia. DATE 19

19. UNDERTAKER (ADDRESS) Burns & Son. Willow Springs. Mo.

20. FILED 5/8/ 1938 Nanette Ferguson Registrar. 345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1938, to 5-7-, 1938
I last saw him alive on 5-7-, 1938. Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	1928

94 B

Other contributory causes of importance:
Senility
Genl. Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) C. F. Callihan, M. D.
(Address) Willow Springs. 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.