

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27389-a

1. PLACE OF DEATH

County Dunklin  
Township Perreitt  
City Perreitt (No. ....)

Registration District No. 288  
Primary Registration District No. #172

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence No. 203 St. Francis 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

3 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 19 29

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 - - -

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Inflammation of the bladder.

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

92A  
38  
13513  
CONTRIBUTORY Congestive Chills (SECONDARY)  
(duration) ..... yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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

10. NAME OF FATHER W. P. Jabor

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

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

19. WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER Dolly Jabor

WHAT TEST CONFIRMED DIAGNOSIS? Culture  
(Signed) W. P. Murrell M. D.

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

, 19 (Address) Perreitt

14. INFORMANT (Address) Dolly Jabor  
Missouri Ark

\*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.

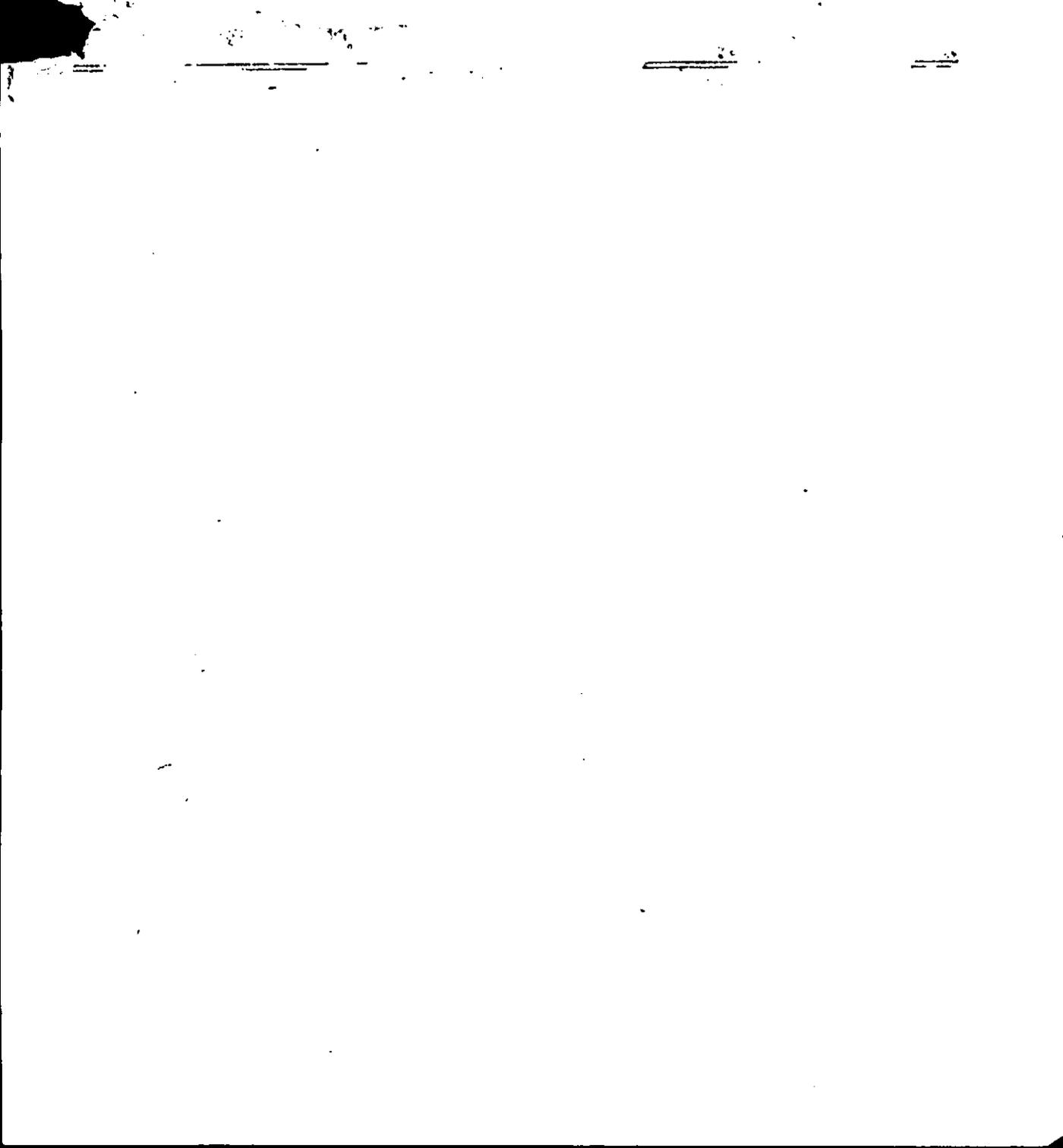
15. FILED 1/21 19 30 Paul Davis REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Lawn DATE OF BURIAL Aug 19 1929

20. UNDERTAKER W. C. Sawdell ADDRESS Perreitt Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

27389-9150  
35  
88  
237  
2



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**1. PLACE OF DEATH**

County Winnemin Registration District No. 288 File No. \_\_\_\_\_  
 Township Summit Mo Primary Registration District No. 4172 Registered No. \_\_\_\_\_  
 City Summit Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>	<u>4</u>	<u>25</u>		

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

FATHER  
 13. NAME C. P. Taber

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

MOTHER  
 15. MAIDEN NAME Sallie Stewart

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

17. INFORMANT Sallie Taber  
 (ADDRESS) Memphis Ark

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Marsh DATE 8-20-1929

19. UNDERTAKER Funeral Home Co  
 (ADDRESS) Summit Mo

20. FILED 5/20/30 Thurmond  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19, 1929

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1929, to 8-19, 1929

I last saw him alive on 8-19, 1929. Death is said to have occurred on the date stated above, at 11:00 m.

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

Mitral Insufficiency  
92a  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation Totarae Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury none 1929

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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) W. P. Thurmond, M. D.  
 (Address) Summit Mo

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