

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

Do not use this space.

38673

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 11000037

City St. Louis, Mo

(No. Missouri Baptiste Hospital)

File No. ....

Registered No. 11087

St. .... Ward)

**2. FULL NAME**

George B. Tabb

(a) Residence. No. 3932 N. 11th St., 26 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 OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND OF~~  
~~(OR) WIFE OF~~

Emma.

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

Sept. 26-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

58

1

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Police Captain

(b) General nature of industry, business, or establishment in which employed (or employer)

Metropolitan Police Dept.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

10. NAME OF FATHER

Robert P. Tabb

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Mary Bandiver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Higginsville Mo.

14.

INFORMANT

(Address)

Mrs. Geo. B. Tabb

3932 N. 11th St.

15.

FILED

19

Wm. C. Barkley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

11-12-1929

17.

I HEREBY CERTIFY, That I attended deceased from.....

....., 19....., to....., 19....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Incised Wound of Throat (Razor) (self-inflicted)

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John H. Hurley

M. D.

11/13 1929 (Address) Deputy Coroner

\*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

DATE OF BURIAL

Higginsville, Mo

11-14 1929

20. UNDERTAKER

ADDRESS

A. KRON L. & U. Co. 2707 N. Grand

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.

1872

