

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.

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

Do not use this space.

23170

1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Waverly Primary Registration District No. 31200  
 City Waverly Mo. (No. 3338) Dinner St. 3338 Ward 1

File No. \_\_\_\_\_  
 Registered No. 2876  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Geraldine Taborn  
 (a) Residence, No. 3338 Dinner 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 Female 4. COLOR OR RACE caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28/33  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) W.C. Mo.

13. NAME Walter Taborn

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

15. MAIDEN NAME Sarah Smith

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

17. INFORMANT Walter Taborn  
 (ADDRESS) 3338 Dinner

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Mo. DATE July 11, 1933

19. UNDERTAKER Wm Appleton Jones  
 (ADDRESS) 1600 E 119th St.

20. FILED July 11, 1933 Smmerline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5/33 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28 to July 5, 1933  
 last saw her alive on July 3, 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

191 191  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Weakness 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) J. C. Wade M. D.  
 (Address) 8358 Woodland K.C. Mo.

