

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.

1 JUN 24 1935

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

Do not use this space.

16935

1. PLACE OF DEATH

County Laclede Registration District No. 449
Township _____ Primary Registration District No. 4267
City Labanon (No. _____) St. _____ Ward _____

2. FULL NAME Ida Tabers

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice Tabers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 41 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Pulaski Co

13. NAME Jake Hammons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co

15. MAIDEN NAME Euphena Sullivan

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

17. INFORMANT Maurice Tabers
(ADDRESS) Labanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry DATE 5/9 1935

19. UNDERTAKER W.E. Salzman
(ADDRESS) Labanon Mo

20. FILED 5/8 1935 Frank M. Cant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935, to May 6 1935

I last saw her alive on May 6 1935. Death is said to have occurred on the date stated above, at 10 P. M.

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

Labar Tuberculosis

Other contributory causes of importance:

cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? Spinal 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. de. St. J., M. D.

(Address) Labanon Mo.

Ida Tabers

1935

1889

46