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.

MAR 21 1936

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1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 1125 McGee St.)
Registration District No.: 8002
Primary Registration District No.: 8002
File No.:
Registered No.: 643
(Ward)

2. FULL NAME: Rose Taber

(a) Residence, No. 1125 McGee 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: W. H. Taber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 18-1870

7. AGE: Years 65 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K.C. Apron Co
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): Indiana

FATHER
13. NAME: Abraham Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Dalphicha Dean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): William H. Taber, 1125 McGee

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE: Forest Hill DATE: 2/7 1936

19. UNDERTAKER (ADDRESS): J. F. O'Donnell Co, 3256 Broadway

20. FILED: 2-7 1936 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-5-36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw ... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:18 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cr Salpinx	
Chr Fib Myocarditis	
7 Ds	

Other contributory causes of importance:

Name of operation: ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) Russell W. Lee, M. D.
(Address) [illegible]