

REC'D OCT 7 1938

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

32621  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
(b) Township Mt Vernon Primary Registration District No. 5-633 Registered No. 116  
(c) City Mt Vernon, Mo (d) Street No. State Sanatorium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAYE TABET

(a) Residence, No. Brown Branch, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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. W. Tabet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
28 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Douglas Co, Mo

FATHER 13. NAME Tom Hodges

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

MOTHER 15. MAIDEN NAME Laura Deeds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co

17. INFORMANT E. McMichael, Record Clerk  
(ADDRESS) Mt Vernon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava, Mo DATE Sep. 28, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chickling and Funeral Home  
Ava, Mo

20. FILED Sep 27 1938 P. A. Holme Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1938 to 9-26, 1938  
I last saw him alive on 9-26, 1938 Death is said to have occurred on the date stated above, at 2:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Miliary Pulmonary Tuberculosis  
Date of onset ?  
Other contributory causes of importance: Miliary Tuberculosis

Name of operation  
What test confirmed diagnosis? Clinical 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  
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 Yes  
(Signed) W. B. Baskin, M.D. M. D.  
W. B. Baskin, M.D. (Address) Mt Vernon, Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-231

Date Filed 10/5/38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**