

FILED JAN 8 1945
 Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1299

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
 (d) Street No. 1017 Sylvania 7
(If rural, give location) 10
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Tabler
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Ben Tabler 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased September 6 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 28 hr. min.

9. Birthplace Fillmore Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen Fee
 13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Bennett
 15. Birthplace Fillmore Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Blanche Tabler
 (b) Address 1017 Sylvania

17. (a) burial (b) Date thereof 12/ 5/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bennett Lane

18. (a) Signature of funeral director Walter Beale & Bowman
 (b) Address 319 South 10th

19. (a) Dec 7-1945 (b) H.J. Mastlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
 year 1945 hour 4 minute A. M.
 21. I hereby certify that I attended the deceased from Dec 3, 1945, to Dec 7, 1945
 that I last saw her alive on Dec 3, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia *1017*
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Dr. H. J. Mastlebusch (M. D. or other) MD
 Address St. Joseph Mo Date signed 12-4-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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