

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.

7129

1. PLACE OF DEATH

107 County Texas  
Township State  
City Arroll (No. ....)

Registration District No. 6142  
Primary Registration District No. 6142

File No. ....  
Registered No. 5  
St. .... Ward)

2. FULL NAME

William Dean Taber

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Arroll (STATE OR COUNTRY) Missouri

13. NAME Ray E Taber  
14. BIRTHPLACE (CITY OR TOWN) Arroll (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary E Gritton  
16. BIRTHPLACE (CITY OR TOWN) Bondville (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Arroll DATE Feb. 2 1932

19. UNDERTAKER (ADDRESS) None

20. FILED Nov 10 1932 L N Waleen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 19 32

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

Accidentally Strangled to death  
1932

Other contributory causes of importance:  
1932  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) D. M. Reeds M. D.  
(Address) Summersville, Mo.

