81

SEP 26 1929

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

Do not use this space.

1. PLACE OF DEATH
County: Phelps — Registration District No. 678 — File No. 28586
Township: Meramec — Primary Registration District No. 5906 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Mary Taber
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 11 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: Henry Taber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 19 - 1904

7. AGE: Years 25 — Months 6 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co.

PARENTS
10. NAME OF FATHER: Wm. Beach
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Phelps
12. MAIDEN NAME OF MOTHER: Ada White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: Henry Taber
(Address): Steelville Mo. R No 2

15. FILED: Aug 29 1929 — Henry F. Wolters, REGISTRAR

Aug 29/29

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 26 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1929, to Aug 26, 1929, that I last saw her alive on Aug 24, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Milliary Tuberculosis of Lungs
23A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): 3T (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Detroit Mich
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Williams & Brewer, M. D.
8/27, 1929 (Address) St James Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Morrison Cemetery — DATE OF BURIAL: Aug 27 - 1929

20. UNDERTAKER: Jonas and Ten Eyck — ADDRESS: St. James Mo.

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD