

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Death of Death
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21058

County Booth

File No.

Vol. No. 9077Registration District No. 5-2

Registered No.

Inc. Town Balt DickPrimary Registration District No. 4280

City

(No. _____ St. _____ Ward)

If death occurred in a hospital or institution, give the NAME instead of street and number

2 FULL NAME Dora Tabar

(a) Residence, No.

St.

Ward.

(If not place of death)

Length of residence in city or town where death occurred yrs. mos. ds.

If not long in U.S., if at foreign birth yrs. mos. ds.

If not resident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE Colored5 MARRIAGE STATUS Married

6a If married, widowed, or divorced

6b HUSBAND of Lee Tabar6c WIFE of Lee Tabar7 DATE OF BIRTH November 8 1863

(Month) (Day) (Year)

8 AGE 70 yrs 11 mos 9 ds

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

10 BIRTHPLACE (Only if town)

(Name of county) Kentucky11 NAME OF FATHER Al. Payer

12 BIRTHPLACE OF FATHER (Only if town)

(Name of county) Kentucky13 MOTHER'S NAME (or M. J. HEN) E. J. Green

14 BIRTHPLACE OF MOTHER (Only if town)

(Name of county) Kentucky15 (Informant) Lee Tabar(Address) Balt Dick, Ky16 Dr. L. P. ...

Signature

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH October 17, 1934

(Month) (Day) (Year)

12 I HEREBY CERTIFY, That I attended deceased from Jan 30 1894 to July 7 1934that I last saw her alive on July 7 1934and that death occurred on the date stated above at 240

The CAUSE OF DEATH was as follows:

Organic Heart DiseaseLeukemia13 (Duration) 1 yr 11 mos 9 ds

Contributor (Secondary)

Asphyxia(Duration) 1 yr 11 mos 9 ds

14 WOULD YOU DESIRE CONTRACTS?

If not at place of death:

Did an operation precede death? Date of not to my knowledgeWas there an autopsy? not to my knowledge

What last confirmed diagnosis?

(Signed) D. G. P. Jones, M. D.(Address) Balt Dick, Ky

15 PLACE OF BURIAL (OR REMOVAL)

DATE OF BURIAL

Jones Cemetery Oct 19 1934

16 UNDERTAKER

ADDRESS

Barney & Harman Balt Dick, Ky

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

18. Every item of information should be carefully completed. ACE should be stated. ACTUALLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. It may be properly classified. Exact etiology of OCCUPATION is very important. See instructions on back of this form.