

## DEED RECORD Y

SKAMANIA COUNTY, WASHINGTON

PIONEER PRINT, STEVENSON, WASH.

#20601

Wm. B. Taber et ux to Wallace P. Taber et al

State of Ohio. Department of Health. Division of Vital Statistics. Certificate of Death.

## 1. Place of Death.

County Marion

Registration District No. 811

File No. ----

Township Marién

Primary Registration District No. 5233. Registered No. 275

or village----- No. ---Sawyer, Sanatorium St., ----Ward, or city of -----

Length of residence in city or town where death occurred 3 yrs. 7 mos. 11 ds. How

long in U. S., if of foreign birth? --- yrs. mos--- ds----

## 2. Full name William Burt Taber Did deceased serve in U. S. Navy or Army ----

(a) residence. No. -----St., -----Ward Alpena, Mich.

## Personal and Statistical Particulars:

3. Sex: Male

or

4. Color/Race: White

5. Single, married, widowed, or divorced (write the word): Married

5a. If married, widowed, or divorced. Husband of (or) wife of -----

6. Date of birth (month, day, and year) Jan. 24, 1867.

7. Age: Years 66 months 7 days 4. If less than 1 day, \_\_\_ hrs. or \_\_\_ min.

8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

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) Griffings Mills

State or country N. Y.

13. Bradford, Taber

14. Birthplace (city or town) -- (State or country) New York

15. Maiden name: do not know

16. Birthplace (city or town) -- (State or country) New York

The signature of

17. Informant W. P. Taber

and (Address) Alpena, Mich.

18. Burial, cremation or removal. Place: Buffalo, N. Y. Date July , 1934.

19. Undertaker: The C. E. Curtis Co.

19a Was body embalmed: yes. Embalmer's No. 734 A.

20. Filed: 7-29, 1934. Mary Ellen Kerr, Registrar

## Medical Certificate of death:

21. Date of death (month, day, and year) 7-28, 1934.

22. I hereby certify, that I attended deceased from 12-17-1930, to 7-28-1934. I

last saw him alive on 7-28-1934 death is said to have occurred on the date stated above at 12-33 p.m. The principal cause of death and related causes of importance in order of onset were as follows: General Arterio Sclerosis. Contributory cause of importance not related to principal cause: --

Name of operation----- date of ---- What test confirmed diagnosis: Usual. Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?---- Date of injury ---- 19\_\_\_ Where did injury occur? ----- Specify whether injury occurred in industry, in home, or in public place. Manner of injury---- Nature of injury----