

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

Do not use this space.

1308

1. PLACE OF DEATH

County Jackson Registration District No. 302
 Township Staw Primary Registration District No. 700
 City Kansas City (In St. Marys St. Joseph)

File No. _____
 Registered No. 355
 _____ St. _____ Ward)

2. FULL NAME

(a) Residence. No. 3412 Virginia Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elsie N. Talbot</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 26, 1901</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>J. B. Osgood coffee</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Kansas

PARENTS	10. NAME OF FATHER <u>Chas. N. Talbot</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Louisville</u> (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Namie Baird</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Pa.</u> (STATE OR COUNTRY)

14. INFORMANT Chas. N. Talbot
 (Address) 3312 Paseo

15. FILED Jan 27 1927 M. M. Croase REGISTRAR
Dist.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1927

17. I HEREBY CERTIFY, That I attended deceased from 1/18, 1927, to 1/24, 1927.
 that I last saw him alive on 1/24, 1927, and that death occurred, on the date stated above, at 8: P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. nephritis
131
10/1/27 (duration) yrs. mos. da.
 CONTRIBUTORY uraemia
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? N.P. DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS using analysis
 (Signed) W. L. ... M. D.
1/25, 1927 (Address) 2nd Pers Bank Bldg

*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 Elmwood DATE OF BURIAL Jan. 26 1927

20. UNDERTAKER J. H. Newcomer's Sons & Co., Inc. ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1814 Fed Rec Bk Bldg'

Vic. 1198

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