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

Do not use this space.

37411

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township ~~Aurora~~ — Primary Registration District No. 4280 — Registered No.

City Aurora (No. ..... St. ..... Ward)

2. FULL NAME Tillie Talbert

(a) Residence. No. Madison St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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 F

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 Walter C Talbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) //

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
20	3	18	

8. 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) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stone Co

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas Masterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Mira Marritt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Missouri

14. INFORMANT Conditt Talbert

(Address) Aurora Mo.

15. FILED 1/7 1928 R W Smart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1927, to Dec 31st 3pm, 1927, that I last saw her alive on Dec 31, 1927, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

associated with Pregnancy.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 101A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr L J Carroll, M.D.O.

, 19 (Address) City Hall, Aurora, 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 Maple Park Cem — DATE OF BURIAL 1/7 1928

20. UNDERTAKER King Mott Co — ADDRESS Aurora

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE FOR CERTIFICATES THAT ARE NOT COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
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Township — Primary Registration District No. 4280 — Registered No.
City Aurora (No. , St. Ward)

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(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1907

7. AGE — YEARS: 20 — MONTHS: 3 — DAYS: 18 — If LESS than 1 day, hrs. or min.

8. 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):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stone Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Thomas Mathison
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Minie Merritt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Conditt Talbert
(Address) Aurora Mo

15. FILED 1/2 1928 [illegible] REGISTRAR

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Park Cem — DATE OF BURIAL: 1/2 1928
20. UNDERTAKER: King Undt Co. — ADDRESS: Aurora, Mo

SUPPLEMENTARY

S-37411