

APR 28 1930

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

Do not use this space.

8176

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3013

File No. _____
Registered No. 2025
St. _____ Ward _____

2. FULL NAME Mrs. Kate Talbot Ricks

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 1 22

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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph S Talbot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Emily Hale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Mamie Cramer
(Address) Blackwater Mo

15. FILED Mar 23, 1930 JR Kimber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1930

17. I HEREBY CERTIFY, That I attended deceased from March 18 1930, to March 20 1930, that I last saw h. a. alive on March 20, 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis + gallstones
Myocarditis
12 yrs (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
cholelithiasis + gallstones
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill dorado Springs Mo
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 18

WAS THERE AN AUTOPSY? yes (partial, abdominal)

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Blair Ramsey M. D.
Boonville, Mo. 1930 (Address)

*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 Cooper Co Mo
Old Lammie Cemetery DATE OF BURIAL 3/23 1930

20. UNDERTAKER Goodman & Bolle ADDRESS Boonville 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.

