

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

Do not use this space.

34850

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. De Paul Hospital) St. _____ (Ward) _____

File No. _____
Registered No. 10246
St. _____ (Ward) _____

2. FULL NAME

Timothy H. Talbot
(a) Residence. No. 520 St. Francisment Rd. Ward. Ferguson, Mo.
(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 Male 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 Elizabeth Talbot

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 10

8. OCCUPATION OF DECEASED Clerk
(a) Trade, profession, or particular kind of work Freight Dept
(b) General nature of industry, business, or establishment in which employed (or employer) Natash RR
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER John Talbot
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Elizabeth Talbot
(Address) 520 St. Francisment Rd

15. FILED OCT 21 1930 Wm C. Staveland REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/27 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/22, 1930, to 10/27, 1930 that I last saw alive on 10/27, 1930 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
122A
122 Surgical shock

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Intestinal obstruction
due to Inguinal Hernia (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH De Paul Hospital
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10/27/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? surgical
(Signed) W. C. Hughes, M. D.
10/28, 1930 (Address) Ferguson, 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 Cemetery DATE OF BURIAL 10-30 1930
20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

B. C. Wright

2nd of February 1850

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