

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

Do not use this space.

25246

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Kaw Primary Registration District No. 3262
 City Kansas City (No. St. Luke's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 5247

2. FULL NAME

Ervin W. Talbert

(a) Residence, No. 6020 Elmwood St. 16 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Grace Talbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 6 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurseryman
 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) (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME John Talbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Ann Schell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Grace Talbert
6020 Elmwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE 7-28-1931

19. UNDERTAKER (ADDRESS) Stines & McClure
3235 Gillham Place

20. FILED July 28 1931 M. M. Carroll Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1931

22. I HEREBY CERTIFY that I attended deceased from July 27, 1931, to July 28, 1931.
 I last saw him alive on July 27, 1931. Death is said to have occurred on the date stated above, at 4:05 A.M.

The principal cause of death and related causes of importance were as follows:

Meningitis due to Anthrax bacillus
July 24 1931
 Other contributory causes of importance: Anthrax pustule about on left forearm
July 21

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur at his work K.P.M.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Anthrax infection
 Nature of injury left arm

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Meningitis

(Signed) J. P. Blumhauer, M. D.
 (Address) 1022 Prof. Bldg. K.P. Mo

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.

Dr. Benjamin