

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.

APR 27 1937

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

Do not use this space.

9059
329

1. PLACE OF DEATH
55 County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 5628
City Aurora (No. REDH 2) St. _____ Ward _____

2. FULL NAME William Monroe Tallej
(a) Residence, No. REDH 2 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 Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 87A 87A 89A

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) Mo

13. NAME John Tallej

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aransas 22

15. MAIDEN NAME Saura Moore

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

17. INFORMANT Pearl Tallej (ADDRESS) Aurora, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple park DATE 3/13 1937

19. UNDERTAKER (ADDRESS) King Funeral Home
Aurora, Mo.

20. FILED 4-8-37 Dr. R. W. Smart Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1937, to Mar 10, 1937
I last saw him alive on Mar 10, 1937 Death is said to have occurred on the date stated above, at U. S. P.
The principal cause of death and related causes of importance were as follows:
Cerebral meningitis of pneumococcal form Date of onset Mar 8-1937

Other contributory causes of importance:
Mild cerebral inflammation of infectious origin

Name of operation Sputum specimen Date of Mar 9-37
What test confirmed diagnosis? Culture Was there an autopsy? No

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? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Thomas D. Miller, M. D.
(Address) Aurora, Mo.

