

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

Do not use this space.

13635

1. PLACE OF DEATH

County Way Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. _____
Registered No. 37

2. FULL NAME

Mrs Idora Hulda Talbot
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wesley Talbot</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Jackson Co. Ohio</u>		
FATHER	13. NAME <u>Jackson Lacey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Minnema</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. O. Carolina</u>	
17. INFORMANT (ADDRESS) <u>John Wesley Talbot Richmond</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunny Slope</u> DATE <u>4-20-32</u>		
19. UNDERTAKER (ADDRESS) <u>A. W. Maurer Richmond Mo.</u>		
20. FILED <u>5-A</u> 19 <u>32</u> <u>E. E. Fay</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1932, to April 17 1932
I last saw h. ev alive on April 17, 1932 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
Date of onset _____

Other contributory causes of importance:
Aortic insufficiency ①

Name of operation none Date of _____
What test confirmed diagnosis? V. Ex. Urine Was there an autopsy? 7-0

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? 7c
If so, specify _____
(Signed) Harry Milton Griffith, M. D.
(Address) Richmond, 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.

MAY 28 1934

