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.

AUG 22 1932

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

Do not use this space.

22036

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 709

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Anna Mary Talkington,

(a) Residence, No. St., Ward. 5 M.N.E. Sheridan, 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. 1 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 Wayne Talkington,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y.1, 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	5	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Taylor County, Iowa, 2

FATHER

13. NAME Henry M. Lindley,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

MOTHER

15. MAIDEN NAME Nancy Jane Gray,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

17. INFORMANT (ADDRESS) Wayne Talkington Sheridan, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bedford, Iowa, DATE July 22, 1932

19. UNDERTAKER (ADDRESS) Heaton Bryole & Bowman 519 S. 10th. St. Tungsel Home

20. FILED JUL 21 1932 John R Benderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932 to July 20, 1932

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at 3:50 p.m.

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

(Uraemia)
Acute Nephritis
Other contributory causes of importance:
Pregnancy

Date of onset

Name of operation None 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? (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) H. P. Forgrave, M. D.

(Address) St Joseph Mo 528 Francis

[illegible]

Bedford, Iowa, July 12, [illegible]

[illegible]

[illegible]

Iowa,

[illegible]

[illegible]

Feb. 4, 1880 [?]

[illegible]

[illegible] White Married

[illegible]

[illegible]