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.

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

Do not use this space.

11237

791

1003

File No. 2290

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital St. ..... Ward)

#20492

2. FULL NAME Dorothy Talley

(a) Residence, No. 3627 Evans 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	5	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 35

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 139 120

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville North Carolina

FATHER

13. NAME John Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville North Carolina

MOTHER

15. MAIDEN NAME Sarah Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville North Carolina

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Matthews DATE March 9 1933

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av.

20. FILED MAR - 8 1933 Mary O. Starkley Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1st 1933, to Mar. 5th, 1933

I last saw her alive on Mar. 5th 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

	Date of onset
Generalized Peritonitis with obstruction	
A	
B	

Other contributory causes of importance: Chronic bilateral salpingo-oophoritis Gonococcus (pt. operated 2 wee previously)

Name of operation Exploratory Date of 3-1-33

What test confirmed diagnosis? Clinic 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? .....

If so, specify .....

(Signed) Raymond Nicolls, M. D.

(Address) City Hospital