WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 26 1933

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

Do not use this space.

File No. 22458

Registered No. 4

1. PLACE OF DEATH

12 County Butler — Registration District No. 91

Township Black River — Primary Registration District No. 5135

City Hendrickson (No. ..... , ... St. ..... Ward)

2. FULL NAME ~~Vita~~ Violet Virginia Talley

(a) Residence, No. Hendrickson, Gen. Gel. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Hendrickson Mo.

FATHER

13. NAME F. S. Talley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

MOTHER

15. MAIDEN NAME Dorothy Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaonia, Mo.

17. INFORMANT (ADDRESS) F. S. Talley Hendrickson, Mo. Gen. Del.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE July 26 1933

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED 7/30 1933 C. C. Gillham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 25, 1933

I last saw her alive on July 15, 1933. Death is said to have occurred on the date stated above, at 4:15 AM m.

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

	Date of onset
Mucc. Colitis	7/2/33
1190	

Other contributory causes of importance: Dick

1193

Name of operation — Date of

What test confirmed diagnosis? 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) J Lee Harwell, M. D.

(Address) Poplar Bluff, Mo.