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

Do not use this space.

24174

1. PLACE OF DEATH
County Ripley
Township Thomas
City Naylor (No. ..... St. ..... Ward)

Registration District No. 751
Primary Registration District No. 5990

File No. 22
Registered No. 462

2. FULL NAME Louis C. Talbott

(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 Male
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 Lyla Talbott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	2	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work City Marshall
(b) General nature of industry, business, or establishment in which employed (or employer) Peace Officer
(c) Name of employer City Naylor

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Eldorado - Illinois

PARENTS

10. NAME OF FATHER Robert Talbott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shoree Town,
(STATE OR COUNTRY) Galiton Co. Ill.
12. MAIDEN NAME OF MOTHER Ann Lamison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shoree Town
(STATE OR COUNTRY) Galiton Co. Ill.

14. INFORMANT .....
(Address) Lyla Talbott Naylor Mo

15. FILED 7/31, 1933 A E Whitt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-29 1933

17. I HEREBY CERTIFY, That I attended deceased from 7-21, 1933, to 7-29, 1933 that I last saw him alive on 7-27, 1933, and that death occurred, on the date stated above, at 12 m.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Edema

Probably 1 year (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 95 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J M Davidson, M. D.

9/9, 1933 (Address) Naylor Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gunn
DATE OF BURIAL 7-30 1933

20. UNDERTAKER M. Gish
ADDRESS Naylor 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.

SEP 26 1933

THIS IS A PERMANENT RECORD