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

Do not use this space.

File No. 29270

Registered No.

1. PLACE OF DEATH

County: Dunklin — Registration District No. 289

Township: Cotton Hill — Primary Registration District No. 5407

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Talmadge Thurman Dean

(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): ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2-1930

7. AGE: Years 3 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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.: ✓ at Home

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): Blount Springs Ala.

FATHER

13. NAME: Ennis Dean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blount Springs Ala.

MOTHER

15. MAIDEN NAME: Ennice Barfoot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanceville Ala

17. INFORMANT: Ennis Dean
(ADDRESS): Parma R. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Malden Mo DATE: 9-19, 1933

19. UNDERTAKER: W. L. Craig
(ADDRESS)

20. FILED: 9-19-, 1933 S. E. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1933 to Sept 18th, 1933

I last saw h... alive on Sept 18th, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Diphtheria	9/14/33
101	
Other contributory causes of importance:	
Cervical Adenitis	9/17/33

Name of operation: none Date of: ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury: ✓, 19..

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: ✓

(Signed) S. E. Mitchell, M. D.

(Address) Malden Mo

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.

OCT 20 1933

F. S. No. 2