

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.

37560

1. PLACE OF DEATH

County RallsTownship Saline

City _____ (No. _____)

Registration District No. 930Primary Registration District No. 5762

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Rosie R. Talton

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

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

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

Nov-20-1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

XX2

OCCUPATION

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

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)

Ralls Co Mo

FATHER

13. NAME

Leroy Talton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ralls Co Mo

MOTHER

15. MAIDEN NAME

Mandy Marie Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monroe Co Mo

17. INFORMANT (ADDRESS)

Mrs. Mandy M. Talton
Huntington Mo

18. BURIAL, CREMATION, OR REMOVAL

Huntington MoDATE Nov 23 1933

19. UNDERTAKER (ADDRESS)

Wilson & Son
Monroe City Mo-R.F.D.20. FILED 11-22-1933J. E. Floyd

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-22 193322. I HEREBY CERTIFY, That I attended deceased from Nov-20 1933, to Nov-22 1933I last saw him alive on Nov-20 1933 Death is saidto have occurred on the date stated above, at 109 a.m.

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

Phenomenon

Date of onset

9:30a.m.Nov-22

Other contributory causes of importance:

Rupture of aorta
and heart failure

Name of operation _____ 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? _____ 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. E. Floyd(Address) Huntington Mo

, M. D.

