

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

Do not use this space.

20601

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1900 File No. 2101
City St. Marys Mo (No. St. Marys Mo) St. St. Marys Registered No. 2101 Ward

2. FULL NAME

(a) Residence, No. 5 Ward. Strasburg Mo
(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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 11 27

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

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) Mo

FATHER 13. NAME Tho M. Talley

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs Tho Talley
Strasburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Strasburg Mo 6-24-34

19. UNDERTAKER (ADDRESS) J. W. Thomas
Pleasant Hill Mo

20. FILED 6/22 1934 M. M. Thomas Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to June 27, 1934.
I last saw him alive on June 22, 1934. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Acute purulent abscess of neck.
Streptococcus septicemicus.
Other contributory causes of importance:
115R
36
115R

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Joseph M. Howard, M. D.
(Address) Kansas City, 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.

WRITE PAINFULLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

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