

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

Do not use this space.

30018

OCT 24 1935

1. PLACE OF DEATH

County Linn Registration District No. 496
 Township Woolfield Primary Registration District No. 3.2.5-
 City Woolfield (No. _____) St. _____ Ward _____

2. FULL NAME

William A Talbot
 (a) Residence, No. 510 Smith 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) _____

6A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Gertrude Talbot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
46 5 22

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

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) Dec 1-1934 11. Total time (years) spent in this occupation 24 9/10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill

13. NAME John M. Talbot

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

15. MAIDEN NAME Anna Aldrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chat hony Ill

17. INFORMANT'S Mrs. W. A. Talbot
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Way Mt DATE Sept 29 1935

19. UNDERTAKER (ADDRESS) Hunter, Ralhus Woolfield Mo

20. FILED Sept 9, 1935 J. Shucart, M. D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1934, to Sept 27, 1935
 I last saw him alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 10:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Coronary Heart Disease
 Date of onset Sept 27 1935

Other contributory causes of importance: Coronary Heart Disease Dec 11 1934

Name of operation None Date of _____
 What test confirmed diagnosis? Cerebral 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. Lane Cross, M. D.
 (Address) Brookfield, Mo

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

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.

