

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.

OCT 28 1935

30463

1. PLACE OF DEATH

County Repley Registration District No. 751
 Township Shower Primary Registration District No. 599
 City Repley (No. _____) St. _____ Ward _____

File No. 34
 Registered No. 1286

2. FULL NAME

(a) Residence, No. Lyla Talbot Maplewood St. R2 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis C. Talbot
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1878
 7. AGE YEARS 57 MONTHS 4 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
 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) now 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaladie Co. Ill.

MOTHER 13. NAME John B. Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Nancy E. Walters

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

17. INFORMANT Mrs. L. C. Farley (ADDRESS) York, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem. Repley Co. DATE Sept 18 1935

19. UNDERTAKER Mrs. Minnie G. Sh. (ADDRESS)

20. FILED 1/10 1935 Stewart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1935 to Sept 17 1935. I last saw her alive on Sept 15 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
myocardial degeneration with hypertensive angiostenosis made from history
 Date of onset 9/35
 Other contributory causes of importance: Died suddenly alone, no one present. Had been alone about two hours.

Name of operation _____ Date of _____
 What test confirmed diagnosis? history 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 _____
 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) Stewart M. D.
 (Address) Repley Mo

