

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.

DEC 26 1935

36050

File No. 423
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township RAW Primary Registration District No. _____
City KANSAS CITY (No. 1406, DENVER)

2. FULL NAME MRS. MARTHA M TALLEY

(a) Residence, No. 1406 DENVER St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 or (OR) WIFE OF E. N. TALLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 12 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 9 27

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.

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) TENNESSEE

13. NAME LEMUEL BATES

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

15. MAIDEN NAME NANCY J. CHUMLEY

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

17. INFORMANT MRS. NORA A. OSBORN
(ADDRESS) 1406 DENVER ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FORT SCOTT, KANS. DATE NOV-9 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 11/9 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to Nov 8, 1935

I last saw her alive on Nov 6, 1935. Death is said

to have occurred on the date stated above, at 5:40 A.M.

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

Chronic hyocean
distress
duration of disease
930

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) W. L. Ray, M. D.
(Address) 327 Altman Bldg

321 Altman Bldg.

10-12; 3-6.