

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

1. PLACE OF DEATH

County ScotlandRegistration District No. 810Township MillerPrimary Registration District No. 6062

City _____

38251

File No. _____

Registered No. 422. FULL NAME John B. Talbot

(a) Residence, No. _____ 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElizabeth Talbot6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 18587. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Scotland Co. Mo.
(STATE OR COUNTRY)13. NAME Halley Talbot14. BIRTHPLACE (CITY OR TOWN) Old Talmouth Ky.
(STATE OR COUNTRY)15. MAIDEN NAME Mary Brundage16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)17. INFORMANT Glen Talbot
(ADDRESS) Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richland cemetery DATE 11-21- 3519. UNDERTAKER H. W. Payne & Sons
(ADDRESS) Memphis, Mo.20. FILED NOV 22 1935 C. G. Garrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 193522. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Nov 18, 1935.I last saw him alive on Nov 18, 1935 Death is saidto have occurred on the date stated above, at 6 P. M.

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

Hypostatic Pneumonia

Date of onset

Complicated by mitral insufficiency

Other contributory causes of importance

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? NO

If so, specify _____

(Signed) OTM Baker, M. D.(Address) Memphis, Mo

