JAN 15 1936

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

Do not use this space.

38631

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 1300
City St. Joseph, (No. 2741 Lafayette St. Ward)

2. FULL NAME John B. Talbot,
(a) Residence, No. 2741 Lafayette St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. 3 mos. 28 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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vera Ruth Talbot,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 13, 1904
7. AGE: Years 30, Months 3, Days 28, If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Drugs
10. Date deceased last worked at this occupation (month and year): December 1935,
11. Total time (years) spent in this occupation: 4 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Samuel D. Talbot,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

MOTHER
15. MAIDEN NAME: Effie Jefferies,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri,

17. INFORMANT (ADDRESS): Mrs John B. Talbot 2741 Lafayette Street,
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Auburn Cem DATE: Dec. 14th, 1935
19. UNDERTAKER (ADDRESS): Heaton, BeGole & Bowman 319 So. 10th. St. Funeral Home
20. FILED: 12-13 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934, to Dec 11, 1935
I last saw him alive on Dec 11, 1935. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	2 yrs

Other contributory causes of importance:

131

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? no
If so, specify .....
(Signed) L. H. Fuson, M. D.
(Address) St. Joseph 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.