

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

Do not use this space.

44222

1. PLACE OF DEATH

County Dade
 Township _____
 City _____ (No. _____)

Registration District No. 236
 Primary Registration District No. 4143

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

2. FULL NAME

Thomas 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Virginia Talbot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/26 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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 Full life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa

13. NAME William O Talbot

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

15. MAIDEN NAME Polly Farmer

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

17. INFORMANT Harace Talbot
 (ADDRESS) Effersville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Griffin Creek Cem DATE Dec 27

19. UNDERTAKER Whelan Funeral Home
 (ADDRESS) Effersville Mo

20. FILED Dec 24 1936 C. S. Fairless M D
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 17/13 1936, to 17/23 1936

I last saw him alive on 17/23 1936. Death is said to have occurred on the date stated above, at 7:05 a.m.

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

Uremia
 Other contributory causes of importance: Arteriosclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 190

Where did injury occur? 0
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify W. B. Riley, M. D.

(Signed) W. B. Riley, M. D.
 (Address) Overton Mo

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**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Wade
Township Everton
City Everton (No. _____)

Registration District No. 236
Primary Registration District No. 4143

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

2. FULL NAME

Thomas Talbert
(a) Residence, No. _____ St. _____ Ward _____
(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 9 0

OCCUPATION

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED FEB 22 1937 Mrs. A. R. Stapp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

uremia Date of onset

Other contributory causes of importance:
Prostatic trouble
Malignancy

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? _____
If so, specify _____

(Signed) H. E. Piley, M. D.
(Address) Everton

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