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

Do not use this space.

JAN 27 1937

47247

1. PLACE OF DEATH
County Salme
Township Arrow Rock
City Napton (No. ..... St. ..... Ward)

Registration District No. 792
Primary Registration District No. 4473

File No. .....
Registered No. .....

2. FULL NAME William Talton

(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1910

7. AGE: YEARS 26 | MONTHS 0 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. 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) (STATE OR COUNTRY) Napton Mo

FATHER
13. NAME William Talton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napton Mo

MOTHER
15. MAIDEN NAME Katie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napton Mo

17. INFORMANT (ADDRESS) Giogia Calhoun

18. BURIAL, CREMATION, OR REMOVAL
PLACE Napton Cem DATE Dec 15 1936

19. UNDERTAKER (ADDRESS) F W Fugman Marshall Mo

20. FILED Dec 15 1936 C. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to Dec 12, 1936
I last saw him alive on Dec 12, 1936 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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 ....., 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) C. L. Lawless, M. D.
(Address) Marshall Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2
20M-2-19-36
I X7294