

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.

SEP 18 1936

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

Do not use this space.

48752

1. PLACE OF DEATH

County Duchesne Registration District No. 85 File No. _____
Township St Joseph Primary Registration District No. 100 Registered No. 1038
City St Joseph (No. 105 So 21st) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 105 So 21st 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/11/1936

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph, Mo13. NAME Winfred T. Talsow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Irma Stuber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph, Mo17. INFORMANT (ADDRESS) Drene Talsow18. BURIAL, CREMATION OR REMOVAL PLACE Cashland Cem DATE Aug 13, 193619. UNDERTAKER (ADDRESS) Raymond Mortuary20. FILED Aug 13, 1936 Registrar W. H. West

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 Aug 1936 to 11 Aug 1936
I last saw him at 11:30 on Aug 11, 1936 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:

Still born Date of onset None

Other contributory causes of importance:

Still born

Name of operation None 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? Still born _____, 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 Still born
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Raymond Mortuary, M. D.
(Address) 37 York Mo

