

MAR 5-1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Township.....

City.....

B. 16113

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(No.

City Hospital No. 1

St.

Ward.

(If nonresident, give city or town and State)

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

791

1003

8359

File No.

Registered No.

St.

Ward)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

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

single

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

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

March 13, 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

1

10

26

OCCUPATION

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

nil

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)

Arkansas

MOTHER FATHER

13. NAME

Woodrow Talley

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

Alabama

15. MAIDEN NAME

Cloe Abbott

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

Arkansas

17. INFORMANT (ADDRESS)

Hosp. Info. M. H. Kent  
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 2-11 1937

19. UNDERTAKER (ADDRESS)

Mullen Bros  
425 7 1/2 Lindell

20. FILED

11-1937

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

2/9/37

19

22. I HEREBY CERTIFY, That I attended deceased from 2/8/37, 19 to 2/9/37, 19

I last saw her alive on 2/9/37, 19 Death is said

to have occurred on the date stated above, at 11.05 a

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

Date of onset

Broncho-Pneumonia

Other contributory causes of importance:

Otitis Media

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)

Geo. D. Boylston, M. D.

(Address) City Hospital No. 1

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.

