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

JAN 17 1938

Do not use this space.

43988

File No. 43988

Registered No. 4891

1. PLACE OF DEATH

County Jacksons Registration District No. 399 2 1

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 6139 Morningside Drive St. Ward)

2. FULL NAME Mary Jane Tallman

(a) Residence, No. 6139 Morningside Drive 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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Oscar Tallman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 6, 1854

7. AGE: Years 83 Months 10 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. At home

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): Missouri 1

FATHER

13. NAME: James Howard 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 2

MOTHER

15. MAIDEN NAME: Lucienda Perkins

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

17. INFORMANT (ADDRESS): Paul C. Sprinkle, 6139 Morningside Drive

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE: Centralia, Kansas DATE: Dec. 6, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure, Kansas City, Missouri.

20. FILED: Dec. 5, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 4, 1937

I last saw him alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at A. m. 1:40

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

	Date of onset
Topic Myocarditis	12/4/37
131	

Other contributory causes of importance:

Chronic Interstitial Nephritis	12/3/37
	1930

Name of operation X Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify X

(Signed) L. E. Wilhite, M. D.

(Address) 925 Amy Ave

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.

SDM 22-36 X9314

Argyrkhinsky
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