

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township 1st
City R.C. Mo. (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 1100

File No. 44228
Registered No. 5181
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2414 Campbell 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1874

7. AGE YEARS 63 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

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

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

13. NAME Sidney Talbot

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

15. MAIDEN NAME Armanda Harris

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

17. INFORMANT (ADDRESS) Blanche Reagin
2414 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE June 20 1937

19. UNDERTAKER (ADDRESS) Empire
2119 E. 18th St

20. FILED Dec 20 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-12 1937, to 12-12 1937

I last saw her alive on 12-12 1937 Death is said to have occurred on the date stated above, at 8:35 PM.

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

Diabetes Mellitus
with Coma

Other contributory causes of importance: 59

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____ (Signed) J. O. Dwyer M. D.
(Address) General Hosp. #2

WRITE PLAINLY WITH 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.

JAN 17 1938

