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

Do not use this space.

2
1

1. PLACE OF DEATH
4 County Audrain — Registration District No. 26 — File No. 1885
4 Township ~~Salt River~~ — Primary Registration District No. 3002 — Registered No. 4
2 City Mexico Mo (No. North Jefferson St. St. Ward)

2. FULL NAME Melvina Gertrude Talley 400
(a) Residence, No. North Jefferson 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: 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) Aug. 28, 1916

7. AGE: YEARS 21 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mon & Pop's Cafe Mexico Mo.
10. Date deceased last worked at this occupation (month and year) August 37
11. Total time (years) spent in this occupation I yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo. 0

FEB 21 1938

FATHER
13. NAME Mac Talley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo. 0

MOTHER
15. MAIDEN NAME Snody Hanna
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

17. INFORMANT (ADDRESS) Frank Talley Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. Fork, Monroe Co. DATE 1/11/38, 19

19. UNDERTAKER (ADDRESS) Chas. Arnold Jr. Mexico, Missouri

20. FILED 1-10, 1938 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 9, 1938
I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 6 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9 mnd

Other contributory causes of importance 23

Name of operation None Date of None
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury —, 19—
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry F O'Brien, M. D.
(Address) Mexico Mo.

23

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in [illegible] properly classified. Exact statement of OCCUPATION is very important.

BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH