REGD MAR 21 1939

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

Do not use this space.

7597

File No. 735

Registered No. ~~3034~~ 32

1. PLACE OF DEATH
County Randolph 2 Registration District No. 735
Township Primary Registration District No. 3034
City Moberly, Mo (No. 425 St. Ward)

2. FULL NAME Jessie Lee Talkington

(a) Residence (Usual place of abode) No. Prairie Hill, Mo St., Ward.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1897

7. AGE: Years 41 Months 5 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Prairie Hill, Mo

FATHER
13. NAME C. A. Talkington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Viola Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Hill, Mo

17. INFORMANT C. A. Talkington (ADDRESS) Prairie Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Prairie Hill DATE 2-17, 1939

19. UNDERTAKER Tipton (ADDRESS) Moberly, Mo

20. FILED Feb 16, 1939 Doris Crump Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Feb. 15, 1939
I last saw h. i. M. alive on Feb. 15, 1939 Death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated small intestine	
Peritonitis	
Shock	1 hr

Other contributory causes of importance:
Kicked in abdomen by a horse - Feb. 14 39 at 9 a.m.

Name of operation Intesting repaired Date of Feb 15 39
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
(Signed) Chas L Fleming, M. D.
(Address) Moberly, Mo.

Check or Write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Harms
Dr. Sheeler

RECEIVED
District Health Officer No. 10
District File Number 10-39-425
Date Filed MAR 10 1939