REC'D APR 24 1939

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

Do not use this space.

11333

1. PLACE OF DEATH
County: Lafayette
Township:
City: (No. St. Ward)
Registration District No.: 46
Primary Registration District No.: 5622
File No.:
Registered No.: 46

2. FULL NAME: 413 Hattie Caroline Talbott

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7 - 1852

7. AGE: Years 86 | Months 9 | Days 17 | 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): Not Known

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): James Talbott, Waterloo, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lexington, Mo DATE: Mar. 26, 1939

19. UNDERTAKER (ADDRESS): Winkler, Lexington, Mo

20. FILED: Mar 25, 1939 F. R. Mann, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to May 23, 1939
I last saw h. alive on March 23, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Other contributory causes of importance: Q.N.U.	

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) R. B. Watts, M. D.
(Address) Wellington Mo.

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.

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RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4/18/39