Mo Ph.

FILED APR 12 1940

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

10342
Do not use this space.

1. PLACE OF DEATH

(a) County Butler — Registration District No. 89

(b) Township Black River — Primary Registration District No. 5136 — Registered No. 54

(c) City — (d) Street No. 8 miles North of Hillard, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 400 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 2 yrs. mos. ds.

2. PRINT FULL NAME Frank Sidney Talley

(a) Residence, No. Butler County, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Dorothy Talley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1875

7. AGE: Years 64 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as 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) Wayne County, Missouri

FATHER

13. NAME James Matthew Talley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson, Illinois

MOTHER

15. MAIDEN NAME Margaret Jones

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

17. INFORMANT Mrs. Dorothy Talley
(ADDRESS) Hillard, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Cemetery
PLACE Butler Co., Mo. DATE 3/2/40, 19

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 3/2, 1940 O. Blettinger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1940 to March 1, 1940
I last saw him alive on March 1, 1940 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the bladder	

Other contributory causes of importance:

None

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? No
If so, specify

(Signed) J. W. McPheeters, M. D.
(Address) Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.