DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22727

Registration District No. 33 JUL 15 1940

Primary Registration District No. 6024 B

Registrar's No. 10

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

1. PLACE OF DEATH:
(a) County St Francois Mo
(b) City or town Leadwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Leadwood
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LUCILLE VIRGINIA TALLY HO
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Newton Tally
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Oct. (Month) 16 (Day) 1912 (Year)

8. AGE: Years 27 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Sahn
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Matthews
15. Birthplace St Francois Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Newton Tally
(b) Address Leadwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood, Mo
18. (a) Signature of funeral director J S Boyer & Son
(b) Address Leadwood Mo
19. (a) 7/10-1940 (Date received local registrar) (b) W E Aubuchon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from January 24, 1940 to June 21, 1940 that I last saw her alive on June 21, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of both lungs.	1 Year
Due to 23	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Not (Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold Frankel (M. D. or other)
Address Leadwood Date signed 6/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Bert Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood, Mo

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

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

o. 2B
21-40
X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22727

Registration District No. 33 Primary Registration District No. 6024 B Registrar's No.

1. PLACE OF DEATH:
(a) County St Francois
(b) ~~City or town~~ Ramsey Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucille Virginia Talley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Matthews
15. Birthplace St Francois Mo (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 8-17 1940 (Date received local registrar) (b) W E Aubuchon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Arnold Trambitas M.D.
Address Leadwood Mo Date signed

SUPPLEMENTARY

S-22727