

FILED AUG 10 1940

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25799

1. PLACE OF DEATH

County *Monroe*
Township *South Fork*
City (No.) St. Ward)Registration District No. *686*
Primary Registration District No. *3784*File No. *3*
Registered No. *3*2. FULL NAME *Earnest M Tally*(a) Residence No. *Monroe Co. Va.* Ward *Rural*
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Snody Tally</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 15 1896</i>				
7. AGE	YEARS <i>44</i>	MONTHS <i>9</i>	DAYS <i>25</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	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) <i>April</i>		11. Total time (years) spent in this occupation <i>Since boy</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Monroe Co. Mo.</i>				
FATHER	13. NAME <i>John M Tally</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>			
MOTHER	15. MAIDEN NAME <i>Sudie Judy</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <i>Snody Tally (wife) Santo Dr</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>South Fork Mo Jun 3 1940</i>				
19. UNDERTAKER (ADDRESS) <i>Snody & Hager Santo Dr</i>				
20. FILED 19 <i>Effie B Drake</i> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>May 31 - 1940</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>April 7</i> , 19 <i>40</i> , to <i>May 31</i> , 19 <i>40</i> . I last saw him alive on <i>May 31</i> , 19 <i>40</i> . Death is said to have occurred on the date stated above, at <i>7 A.M.</i> The principal cause of death and related causes of importance were as follows: <i>Pulmonary tuberculosis and tuberculosis of the larynx</i>	
Other contributory causes of importance: <i>J3</i>	Date of onset
Name of operation <i>none</i> Date of	
What test confirmed diagnosis?	
Was there an autopsy? <i>No</i>	
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? <i>No</i> If so, specify	
(Signed) <i>F. A. Barnett</i> , M. D.	
(Address) <i>Paris, Mo.</i>	

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



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 25799

Registration District No. 586

Primary Registration District No. 5784

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town South Fork
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Earnest M. Talley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 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 _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 25 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 _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____ 1946

19. (a) June 2 (b) Offie B. Drake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monroe
(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 31
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 _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
_____ (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

