

1940 SEP 23

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

Do not use this space.

28975

1. PLACE OF DEATH

County Lincoln
Township Millwood
City (No.)

Registration District No. A 80
Primary Registration District No. 5658

File No. _____
Registered No. 5 St. _____ Ward _____

2. FULL NAME Talbot Teague

(a) Residence, No. Silex, Mo. (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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed laborer
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) Lincoln Co. Mo.

13. NAME James M. Teague

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

15. MAIDEN NAME Vebe E. LaRue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaRue Co. Ky.

17. INFORMANT L. H. Teague (ADDRESS) Whitesides, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arbuen, Mo. DATE 8/18/40

19. UNDERTAKER W. R. Vomund (ADDRESS) Silex, Mo.

20. FILED Sept. 9, 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936 to Aug 10, 1940

I last saw him alive on Aug 10, 1940 Death is said to have occurred on the date stated above, at 2:7 m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset _____

Pres-

Other contributory causes of importance: 24

Name of operation None Date of _____

What test confirmed diagnosis? Microscopic 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) R. M. Penn. M.D.
(Address) Silex, 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

