AUG 22 1929

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

Do not use this space.

23824

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001 File No.

City St. Joseph (No. 13th and Highly St. Ward) Registered No. 812

2. FULL NAME Bobbie Newton Talbot

(a) Residence. No. 907 Charles Street St., Ward.
(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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): September 13, 1923

7. AGE: Years 5 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Joseph
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charles Talbot
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Easton
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Martha Reynolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Joseph
(STATE OR COUNTRY): Missouri

14. INFORMANT: Charles Talbot
(Address): 907 Charles Street

15. FILED JUL 3 - 1929, 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2 1929

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured scull and lower Jaw result of Auto Accident at 13th And Highly

2 10 M (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1880

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 215

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) B. W. Tadlock Coroner, M. D

July 2, 1929 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park Cemetery

DATE OF BURIAL: July 4 1929

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union St

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.