

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

Do not use this space.

41003

1. PLACE OF DEATH *Jackson*  
 County *Jackson* Registration District No. *399*  
 Township *1st* Primary Registration District No. *100*  
 City *Brooklyn* (No. *100*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *James H. Talton Talton*  
 (a) Residence No. *1918 Brooklyn* Ward *2*  
 (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.

File No. \_\_\_\_\_  
 Registered No. *5412*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male*  
 4. COLOR OR RACE *Colored*  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jackson*  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct. 10 - 1883*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*46*      *2*      *18*  
 8. OCCUPATION OF DECEASED *Carter (Train)*  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *MO.*  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER *Richard Talton*  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky.*  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER *Jane Wood*  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *MO.*  
 (STATE OR COUNTRY)

14. INFORMANT *Lillie Williams*  
 (Address) *1218 Brooklyn*  
 15. FILED *12/31, 1929* M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 18 1929*  
 17. I HEREBY CERTIFY That I attended deceased from *Dec 10* to *Dec 28* 1929 that I last saw him alive on *Dec 28* 1929 and that death occurred, on the date stated above, at *11-45 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:  
*Apoplexy*  
*87 H*

(duration) yrs. mos. ds.  
 CONTRIBUTOR (SECONDARY) *Cerebral hemorrhage*  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Home*  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? *No*  
 WHAT TEST CONFIRMED DIAGNOSIS? *Logan's*  
 (Signed) *Dr. J. H. Brown* M. D.

\*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 *Highland Cemetery* DATE OF BURIAL *1-1-30*  
 20. UNDERTAKER *West Apollonia* ADDRESS *1600 E. 19th*

245-1-12

