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.

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

Do not use this space.

APR 25 1934

791

10961

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2816

City St Louis Mo. (If in a city, give also street and ward) 2945 - Lawton Blvd City Hosp. #2

2. FULL NAME Jake Talbot

(a) Residence, No. 1505 - Chestnut St. 25 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Vera Lee Talbot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-20-1900

7. AGE: Years 33 | Months 5 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hide Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (Tanner)

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): Arkansas

FATHER

13. NAME: Ross Talbot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Louvina Mosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Cordeary 2945 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U. DATE 3/7 1934

19. UNDERTAKER (ADDRESS): Walter Richter 3570 Rutger St

20. FILED ..... 19.... J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-1-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-23-, 1934, to 3-1-, 1934

I last saw him alive on 3-1-, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Bronchopneumonia — Date of onset 2-23-34.

10 7A

Other contributory causes of importance: Alch. Alcoholic psychosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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? .....

If so, specify .....

(Signed) Henry A. Lampton, M. D.

(Address) 2945 - Lawton Blvd.