REG'D APR 19 1938

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

Do not use this space.

File No. 10704

Registered No. 6

Registration District No. 314

Primary Registration District No. 4190

2 / 1

38 / 6 / 0

1. PLACE OF DEATH
County Gentry
Township
City Stanberry (No. , St. Ward)

2. FULL NAME Deborah Jane Talmadge 453

(a) Residence, No. Stanberry Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wht

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed Chas Harvey Talmadge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-2-1857

7. AGE: Years 80 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): 3-4-1938

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry County Missouri 0

FATHER

13. NAME: Elisha Cogdill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County Missouri 0

MOTHER

15. MAIDEN NAME: Sarah Grover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pottawa County Indiana 0

17. INFORMANT (ADDRESS): Warren Talmadge Stanberry Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highridge DATE 3-12- 1938

19. UNDERTAKER (ADDRESS): J. Evan Johnson Stanberry Mo.

20. FILED 3/14/38 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1937, to Mar 10, 1938

I last saw h. alive on Mar 10, 1938. Death is said to have occurred on the date stated above, at m.

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

Coronary arterial thrombosis 7 Date of onset

9 J. H.

Other contributory causes of importance: Chronic arthritis 7 Arteriosclerosis.

Name of operation None Date of

What test confirmed diagnosis? 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) F. J. Hinkelmann, M. D.

(Address) Stanberry, Mo.

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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.