

FILED MAR 8 - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5803
Do not use this space.

1. PLACE OF DEATH

(a) County Baird Registration District No. 34
 (b) Township Exeter Primary Registration District No. 0239 Registered No. 1
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Susan Tally
 (a) Residence, No. Wayne mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED husband Newton J. Tally
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1886
 7. AGE YEARS 53 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as 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) Baird Co. Mo.13. NAME D. K.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. Ia.15. MAIDEN NAME D. K.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. Ia.17. INFORMANT (ADDRESS) Newton J. Tally Wayne mo18. BURIAL, CREMATION OR REMOVAL PLACE Exeter Mo DATE Feb. 3 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Hornig-Cube Cassville mo20. FILED Feb. 3 - 1940 Mr. W. P. Seary Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 194022. I HEREBY CERTIFY, That I attended deceased from Feb 1 1940 to 19.....

I last saw h..... alive on..... 19..... 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:

Shot thru wound Date of onset

Other contributory causes of importance:

Pending

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy?

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 Shot in heart

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Dr. B. Balleney33 (Address) Wm. H. Seary

RECEIVED

District Health Officer No. 6,

District File Number 340-699

Date Filed MAR 7 1940

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199

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by R. Gordon Bennett

Registered Apprentice No. 250, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 5584

P. O. Address Cassville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 58037
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 34

Primary Registration District No. 6239

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Barry
(b) City or town Epeter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Susan Tally

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 4 If less than one day _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant date Feb 1st 1940
(b) Address _____

17. (a) _____ Date of _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation west of Epeter

18. (a) Signature of funeral director Wrio.
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 1 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death shot thru wound

Due to _____

Due to pendings 167

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations findings suicide

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While working? _____ (Specify type of place) (e) Means of injury _____

23. Signature Hoyd C Calloway (M.D. or other) _____
Address Shonett Date signed _____

SUPPLEMENTARY

S-5803