

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

PLACE OF DEATH

County Bollinger
Township Broken Creek Registration District No. 998 File No. 156
or
Village _____ Primary Registration District No. 5103 Registered No. _____
or
City _____ (NO. _____ St.; _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Jesse W. Tallent

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWER OR DIVORCED Married
(If wife the word)

DATE OF BIRTH Sept. 12, 1863
(Month) (Day) (Year)

AGE 49 yrs. 4 mos. 11 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer + Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Perry Co Mo

PARENTS
NAME OF FATHER S. W. Tallent
BIRTHPLACE OF FATHER (City or town, State or foreign country) Geo
MAIDEN NAME OF MOTHER Martha Erwin
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Williams
(ADDRESS) Marble Hill Mo

Filed Jan 27, 1913 W. J. Myers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 19, 1912, to June 22, 1913, that I last saw him alive on May 10, 1913, and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:

Blood Poison and Heart Trouble
1912

(Duration) yrs. ___ mos. 4 ds.
Contributory fracture of leg
(SECONDARY) (Duration) yrs. ___ mos. ___ ds.
(Signed) G. M. Barr M. D.
June 23, 1913 (Address) Marion and M O

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Liberty Court DATE OF BURIAL Jan 24, 1913
UNDERTAKER None ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 2

V. S. No. 2.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.



REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County

Rollinger

Township

Crooked Creek

or

Village

or

City

(NO.

Registration District No.

998

File No.

Primary Registration District No.

5103

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Jesse W. Tallent

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

SINGLE MARRIED
WIDOWED OR DIVORCED
(Write the word)

married

DATE OF BIRTH

Sept. 12, 1863
(Month) (Day) (Year)

AGE

49 yrs. 4 mos. 11 ds.

If LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer and

(b) General nature of industry, business, or establishment in which employed (or employer)

merchant

BIRTHPLACE

City or town,
State or foreign country

Perry Co. Mo.

NAME OF FATHER

G. W. Tallent

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

Georgia

MAIDEN NAME OF MOTHER

Mattha Erwin

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Emma Williams

(ADDRESS)

Marble Hill, Mo.

Filed

Dec 7 1913

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan. 23, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 19, 1912, to Jan. 22, 1913, that I last saw him alive on Jan. 10, 1913, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Blood poison & heart trouble
caused from fractured leg
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory
(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed)

G. M. D.

Jan. 23, 1913 (Address) Marquand, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Liberity Cem.

DATE OF BURIAL

Jan. 24, 1913

UNDERTAKER

none

ADDRESS

Original file, date

JAN 1913

All information called for must be written on this Supplementary Certificate.

IN RESERVED FOR BINDING

WHILE PLAINLY, WITH

N. B.—Every item of information should be carefully copied. AGE, when given, should be in plain terms, so that it may be properly classified.

EXACTLY PHYSICIAN'S SIGNATURE AND OCCUPATION IS IMPORTANT.

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Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service [for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con- genital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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

County Ballinger Registrars shall not receive a fee for certificates until they are completed as prescribed by law.

Township Crooked Creek Registration District No. _____ File No. 156
 or Tallent Primary Registration District No. _____ Registered No. _____
 Village _____ City _____ (No. _____ St. _____ Ward _____)

FULL NAME Jesse W. Tallent [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Sept 12, 1863</u> (Month) (Day) (Year)		
AGE <u>49 yrs. 4 mos. 11 ds.</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Merchant & Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Merchandise at Tallent</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Perry County, Mo.</u>		
PARENTS	NAME OF FATHER <u>G. W. Tallent</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>State of Tenn.</u>	
	MAIDEN NAME OF MOTHER <u>Martha Erwin</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>State of Tenn.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ruth Tallent</u> (ADDRESS) <u>Tallent</u>		
Filed _____, 191____ REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-23-, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 27, 1912, to Jan. 23, 1913, that I last saw him alive on Jan. 23, 1913, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Fracture of Leg. Caused by accident when he fell on him also skinned his head.
 (Duration) _____ yrs. _____ mos. _____ ds. 35

Contributory Blood Poison
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. M. Erwin M. D.
1-23, 1913 (Address) Mass. and Mill

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Tallent, Mo</u>	DATE OF BURIAL <u>Jan 24, 1913</u>
UNDERTAKER <u>No undertaker</u>	ADDRESS

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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