

1 PLACE OF DEATH

Webster
GalesCOMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 1650

Registered No. 750

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

Registration District No. 460

Primary Registration District No. 2831

(No. St. Ward)

2 FULL NAME

John Oliver Talbot

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *White* 5 Single *married*
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH *Nov 28th 1859*
(Month) (Day) (Year)7 AGE *66 yrs. 6 mos. 12 ds.*
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work *Farmers*
(b) General nature of industry, business or establishment in which employed (or employer) *—*9 BIRTHPLACE (State or country) *Ky*10 NAME OF FATHER *George Talbot*11 BIRTHPLACE OF FATHER (State or country) *Ky*12 MAIDEN NAME OF MOTHER *Mary Lynn*13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) *Robt. Talbot*
(Address) *Henderson Ky*June 4, 1926 *Emma Hall*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 2, 1926*
(Month) (Day) (Year)17 I HEREBY CERTIFY (That I attended deceased from *May 25, 1926, June 22, 1926*, that I last saw him alive on *June 1st, 1926*, and that death occurred on the date stated above at *4:30 a.m.*

The CAUSE OF DEATH* as follows:

Apoplexy(Duration) yrs. mos. *15* ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.
(Signed) *F. T. Hinstead, M. D.*
June 2nd, 1926 (Address) *Dixon Ky*

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted,

if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Littleton *June 3, 1926*

20 UNDERTAKER ADDRESS

F. M. Hays Co *Dixon Ky*

R4

WRITE PLAINLY, WITH UNFOLDING WRITING. THIS IS A PUBLIC DOCUMENT. Every item of information is carefully checked. Add events to the cause of death in plain words so that it may be properly classified. Very important. See instructions on back of certificate.