

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

Do not use this space.

5625

1. PLACE OF DEATH

Comty. Marion
Township Marion
City Hannibal (No. 1300 Bird)

Registration District No. 547
Primary Registration District No. 2039

File No. _____
Registered No. 41
St. 2 Ward)

2. FULL NAME

(a) Residence. No. 1300 Bird St. 2 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 69 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

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ella G. Daulton

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 7 - 1858

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>5</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Car Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). " "
(c) Name of employer. C. B. & Q. - R. R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hannibal Mo.

10. NAME OF FATHER

John Thomas Daulton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Maysville Kentucky

12. MAIDEN NAME OF MOTHER

Nancy M^e Millan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Callaway Co., Mo.

14.

INFORMANT Ella G. Daulton, C. B. & Q. R. R.
(Address) Hannibal Mo.

15.

FILED March 28 1928 E. E. Strade REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb. 24 - 1928

17.

I HEREBY CERTIFY That I attended deceased from 1-15-1928, to 2-24-28, 1928 that I last saw h.a.a.a. alive on 2-24-28, 1928, and that death occurred, on the date stated above, at 4:40:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis -
930
121 years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Enlarged prostate (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

18 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Hill, M. D.

2-24-1928 (Address) Hannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Olivet Cemetery

2/26 - 1928

20. UNDERTAKER

ADDRESS

Schwartz Funeral Home

Hannibal Mo.

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 23 1928

