

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

Do not use this space.

8737

1. PLACE OF DEATH

County Nevada
Township
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 8
St. Ward)

2. FULL NAME Mrs. Anna Dalton

(a) Residence, No. 804 Adams St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. L. Dalton (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83. 0 26.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New Jersey

10. NAME OF FATHER Independent

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

12. MAIDEN NAME OF MOTHER Louise Bond

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

14. INFORMANT Mrs. Beau.
(Address) Ill.

15. FILED 1/21 1927 E. P. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13 1927

17. I HEREBY CERTIFY That I attended deceased from Jan. 28, 1927, to Jan. 13, 1927.
That I last saw h. m. alive on Jan. 13, 1927, and that death occurred, on the date stated above, at 9:40 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Endocarditis

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thomas A. Day M. D.
114, 1927 (Address) Nevada, 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 Deerwood Cemetery DATE OF BURIAL Jan. 17 1927

20. UNDERTAKER Allen V. Hays Nevada, Mo.
ADDRESS

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.

28 1927

