

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

Do not use this space.

3353

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. City Hospital Hospital St. .... Ward)

File No. 1  
 Registered No. 980

**2. FULL NAME** James Watson Dayton

(a) Residence. No. 1214 St Ange Ave St. 22 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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 Husband of Mary Dayton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59. 9. 1 or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Shoe Worker  
 (b) General nature of industry, business, or establishment in which employed (or employee).....  
 (c) Name of employer Shoe Factory

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

10. NAME OF FATHER John Dayton

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

12. MAIDEN NAME OF MOTHER Un Known

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

14. INFORMANT Mary Dayton (Address) 1214 St Ange ave.

15. FILED 27 1928 Maud Starceff REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-26-28

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

2100 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stroke & Injuries  
Fracture skull

Struck by auto in City  
 CONTRIBUTORY (SECONDARY)  
St. Louis Mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1880  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) John Dewar M. D.  
127, 1928 (Address) Dep Coroner

\*State the DISEASE CAUSING DEATH, of 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  
St Matthews Cem Jan 26, 1928.

20. UNDERTAKER M. Laughlin ADDRESS 1631 Mission

WRITE COMPLETELY 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.

