JAN 28 1929

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

Do not use this space.

42269

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near Farmington (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 178

2. FULL NAME Calvin S. Dalton
(a) Residence. No. Flat River, Mo. St., ... 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. 5 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: not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 10-1897

7. AGE: Years 31 (32); Months 3; Days 11; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 1898-12-21 / 1897-9-10 / 31-3-14
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Madison Co. Mo.

PARENTS

10. NAME OF FATHER: Frank T. Dalton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St Francois Co. Mo
12. MAIDEN NAME OF MOTHER: Ellen Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co. Mo

14. INFORMANT: Hospital Records
(Address) Farmington, Mo.

15. FILED 12-22, 1928 R J Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 21, 1928 that I last saw him alive on Dec 20, 1928, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the Insane
83
76
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab.
(Signed) P. S. Tair, M. D
12-22, 1928 (Address) Hosp. #4 Farmington 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: Wood Lawn Cemetery
DATE OF BURIAL: Dec 23 1928

20. UNDERTAKER: Raymond Caldwell
ADDRESS: Elvins 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.