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

Do not use this space.

302

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 62

City: St. Joseph, (No. 1428 So. 25th. St. St. Ward)

2. FULL NAME: Dayton Louis Trachsel

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

Length of residence in city or town where death occurred 10 yrs. 4 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	10	4	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: In School.

(b) General nature of industry, business, or establishment in which employed (or employer): Hall School.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: Robert S. Trachsel

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

12. MAIDEN NAME OF MOTHER: Rosa Aline Mayer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

14. INFORMANT: Robt. S. Trachsel (Address) 1428 So. 25th. St.

15. FILED JAN 15 1929 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 13, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 13, 1929, that I last saw him alive on Jan 13, 1929, and that death occurred, on the date stated above, at 12.35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Scarlet Fever

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): none

(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

(Signed) Gustav A. Lau, M. D

1/14, 1929 (Address) Kirk Bldg

*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: Ashland Cemetery — DATE OF BURIAL: Jan, 15, 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

WHITE PLAINLY, 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.