

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

Do not use this space.

22455

27 1929

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Ferguson Mo. (No.) St. Ward)

Registration District No. 784
Primary Registration District No. 4468

File No.
Registered No.

2. FULL NAME

Dayton M. Numbers
(a) Residence. No. 409 Elizabeth St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Sallie Dawson Numbers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1858

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
71 1 10

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Joseph Berkemeyer (Address) 429 Elizabeth

15. FILED 6-17-1929 O. W. Schmidt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1929

17. I HEREBY CERTIFY, That I attended deceased from June 16 1929 that I last saw him alive on June 16 1929 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82A
162

(duration) yrs. / mos. / ds.

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

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Clin. Ex. 1
(Signed) Edward J. Snyder M.D.
June 17, 1929 (Address) 35-35-10. New York

*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 Valhalla Cemetery DATE OF BURIAL June 19 1929

20. UNDERTAKER Steed & Carroll ADDRESS 4600 North 8th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should specify CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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