OCT 22 1929

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

Do not use this space.
30156

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 1108
Township — Primary Registration District No. 1001 — Registered No.
City St Joseph (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME John Thomas Dayton
(a) Residence. No. St., Ward. Chillicothe Mo
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 14-1921
7. AGE: YEARS 8 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(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): Chula, Mo.

PARENTS
10. NAME OF FATHER: Frank Dayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Trenton, Mo.
12. MAIDEN NAME OF MOTHER: Lena Garman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe Missouri

14. INFORMANT: Frank E Dayton
(Address) Chillicothe, Mo.
15. FILED SEP 23 1929 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 21 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1929, to Sept 21, 1929 that I last saw him alive on Sept 21, 1929 and that death occurred, on the date stated above, at 3 15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis T.B
32A
24A (duration) About 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Miliary T.B. General
(duration) About 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 37A
IF NOT AT PLACE OF DEATH? Chillicothe Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Clinical Symptoms
(Signed) H. W. Carle, M. D.
9/21, 1929 (Address) 301 Pt S 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: Chillicothe Mo — DATE OF BURIAL: Sept. 23, 1929
20. UNDERTAKER: Jas D Gordon — ADDRESS: Chillicothe 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.

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