

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

Do not use this space.

33371

1. PLACE OF DEATH *Dexalch*
 County *Dexalch* Registration District No. *258*
 Township *Washington* Primary Registration District No. *6360A*
 City *Dexalch* (No. *1*) St. *Dexalch* Ward *1*

2. FULL NAME *James H Dalby*
 (a) Residence No. *11* Ward *1*
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 *Anna Dalby*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 8-1872*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 * *1* *21*

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

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

10. NAME OF FATHER *Henry H Dalby*

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

12. MAIDEN NAME OF MOTHER *Mary Lee*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Birchman Co Mo*
 (STATE OR COUNTRY)

14. INFORMANT *Mrs Anna Dalby*
 (Address) *Stonerville Mo*

15. FILED *Nov 19 1929* *C M Davis*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 29* 19 *29*

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Sparked by lightning
 striking Dalby
 threw the body any way
 instant (duration) yrs. mos. da.*

CONTRIBUTORY (SECONDARY) *1929*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *1929*
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. M. F. Hedges*, M. D.
Nov 1 1929 (Address) *Wichita 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 *Clarksdale Cemetery* DATE OF BURIAL *Nov 1 1929*

20. UNDERTAKER *C M Davis - Clarksdale Mo*
 ADDRESS

WHITE COPY; 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.

