

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

Do not use this space.

31449

1. PLACE OF DEATH

County St Louis
Township St Louis
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. En route to City Hospital #2)

File No. 9056
Registered No. 9056
Ward St

2. FULL NAME

Jahn Dalton
(a) Residence No. 2603 Glasgow St Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. 3 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harriet Dalton</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 22, 1896</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
33	<u>33</u>	<u>10</u>	<u>20</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Natchez
(STATE OR COUNTRY) Miss

PARENTS	10. NAME OF FATHER <u>Ben Dalton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Natchez</u> (STATE OR COUNTRY) <u>Miss</u>
	12. MAIDEN NAME OF MOTHER <u>Rosa Smith</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Natchez</u> (STATE OR COUNTRY)

14. INFORMANT William Dalton
(Address) 1325 Monroe Park, Ken

15. SEP 19 1930 May C Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930
17. No physician in attendance
I HEREBY CERTIFY, That I attended deceased from 19....., 19.....
that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at 6:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun shot wounds of skull
178
Homicide
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1911
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Phurray, M.D.
9/17, 1930 (Address) Deputy Coroner

*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 National Cem DATE OF BURIAL 9/19-1930

20. UNDERTAKER G.W. Bruce ADDRESS 1003 Harrison

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.

WRITE PLAINLY, WITH NO WORDS UNNECESSARY

