

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

Do not use this space.

13408

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township " Primary Registration District No. 2009
 City " No. So. E. Mo. Hospital St. " Ward) "

2. FULL NAME Jesse S. Dalton
 (a) Residence, No. 204 No Blvd 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

MEDICAL CERTIFICATE OF DEATH

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 "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wailleville, Mo.

13. NAME Jonathan Dalton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

15. MAIDEN NAME Lorena Kay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

17. INFORMANT Mrs J. S. Dalton (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount DATE Apr 16 1931

19. UNDERTAKER Walthers Undert Co (ADDRESS) Cape Girardeau, Mo.

20. FILED 4-16-31 W.C. Kunkler Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/18 1931 to 4/14 1931
 I last saw him alive on 4/14 1931 Death is said to have occurred on the date stated above, at 1:25 p.m.
 The principal cause of death and related causes of importance were as follows:
1927 Prostatic Abscess Date of onset 1925
1927 Chronic Bronchitis 1925
1925 Cystitis 1925
1925 Urethral Strictures 1925

Other contributory causes of importance:
Chronic Bronchitis 1927
Cystitis 1925
Urethral Strictures 1925

Name of operation Apytolomy Date of 7-20-31
 What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? " Date of injury " 19"
 Where did injury occur? " (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury "
 Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify "
 (Signed) George S. Parker M. D.
 (Address) Cape Girardeau, Mo.

WRITE 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.

MAY 2 1 1931

