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.

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

Do not use this space.

21470

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6037

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Rose Veronica Dalton

(a) Residence, No. 4018 Shaw Blvd. St., 17 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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) July 9th, 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	11	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 105 [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1 [illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Garrett G. Dalton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Ellen Cummings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk S Iowa

17. INFORMANT (ADDRESS) Jos. Dalton 2912 Miami Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olive DATE June 29th, 1932

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Boulevard

20. FILED JUN 28 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932, to 6-26, 1932

Last saw her alive on 6-26, 1932. Death is said to have occurred on the date stated above, at 1 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peretonitis from Ruptured appendix	6-18-32

Other contributory causes of importance: 21

Name of operation appendectomy Drainage Date of 6-23-32

What test confirmed diagnosis? Oper Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (1) 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? .....

If so, specify .....

(Signed) H. S. McKay, M. D.

(Address) University Club Bldg

University Club Bldg
2-B