

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.

MAR 1 1935

2579

1. PLACE OF DEATH

County Ray Registration District No. 744  
Township Richmond Primary Registration District No. 3035  
City Richmond Mo

File No. ....  
Registered No. 5 St. .... Ward)

2. FULL NAME Travis Lindley Dalton

(a) Residence, No. Richmond Mo St. .... Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Charline Dalton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March - 27 - 1904</u>		
7. AGE YEARS <u>30</u>	MONTHS <u>9</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegraph Operator</u>		
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) <u>6 yr</u>		11. Total time (years) spent in this occupation. <u>2 yr</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph Mo</u>		
13. NAME <u>James V Dalton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur Co</u>		
15. MAIDEN NAME <u>Harriet Lindley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur Co</u>		
17. INFORMANT <u>Mrs E. Dalton</u> (ADDRESS) <u>Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Laurelcrest cemetery</u> DATE <u>Jan - 26 - 1935</u>		
19. UNDERTAKER <u>B. B. B. Office</u> (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>2-9</u> 19 <u>35</u> <u>E. E. Gray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 24 1935 to Jan 26 1935  
I last saw him alive on Jan 24 1935 Death is said to have occurred on the date stated above, at 5 m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Brights Date of onset

Other contributory causes of importance:  
131

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) E. W. Green M. D.  
(Address) Richmond Mo

8964

126

1000

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Ray  
Township.....  
City..... (No. .... St. .... Ward)

Registration District No. 744  
Primary Registration District No. 3035

File No.....  
Registered No. 5

**2. FULL NAME**

Frank Lindley Walton

(a) Residence, No. .... St. .... Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, (That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

....., 19....., to....., 19.....

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

I last saw him ..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

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

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Jan 26, 1935

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed)....., M. D.

20. FILED 4-8 1935 E. E. Ray Registrar.

(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUBMITTED

5-2579