

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

Do not use this space.

MAR 26 1935

5793

1. PLACE OF DEATH

County Jasper Registration District No. 417
 Township Webb City Primary Registration District No. 3021
 City Webb City (No.) St. Ward)

2. FULL NAME

(a) Residence, No. 822 W. Broadway 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

| | | |
|---|----------------------------------|---|
| 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Dalton</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31, 1861</u> | | |
| 7. AGE YEARS <u>73</u> | MONTHS <u>8</u> | DAYS <u>16</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</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) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u> | | |
| 13. NAME <u>Lacy Dalton</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> | | |
| 15. MAIDEN NAME <u>Mc Coy</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> | | |
| 17. INFORMANT <u>Mrs. J. H. Medlin</u> (ADDRESS) <u>Presauton Mass</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley</u> DATE <u>Feb 20</u> | | |
| 19. UNDERTAKER <u>Carter Funeral Home</u> (ADDRESS) <u>Wesley, Mo.</u> | | |
| 20. FILED <u>2-19</u> , 19 <u>35</u> <u>J. H. Craig</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 ³⁵ to Feb 17, 1935
 I last saw him alive on Feb 17, 1935. Death is said to have occurred on the date stated above, at 9:30 A. m.
 The principal cause of death and related causes of importance were as follows:

Cardio renal disease

Other contributory causes of importance

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) R. M. Sommont, M. D.
 (Address) Wesley, Mo.

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.

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STATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

