

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

Do not use this space.

16253

JUL 2 2 1935

1. PLACE OF DEATH
 County Harrison Registration District No. 341
 Township Grant Primary Registration District No. 5477
 City _____ (No. _____) St. _____ Ward _____
 Registered No. 9

2. FULL NAME X Globe Gay Dalton
 (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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1935
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 hrs. 2 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

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

FATHER
 13. NAME Fester Dalton

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

MOTHER
 15. MAIDEN NAME Nora Cooper

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

17. INFORMANT (ADDRESS) Fester Dalton
Ridgeway, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Chapel DATE May 29 35

19. UNDERTAKER (ADDRESS) Wagon & Son
Ridgeway, Mo

20. FILED 5729 1935 Zella Brewer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. 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:
Premature Birth Date of onset _____

Other contributory causes of importance _____
CA

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?
 If so, specify _____
 (Signed) W. J. Starnes, M. D.
 (Address) Ridgeway, 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.

