

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

Do not use this space.

JAN 18 1938

39452

**1. PLACE OF DEATH**

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 5554

City Independence Mo. R.R. St. 4

File No. \_\_\_\_\_  
Registered No. 399  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Independence Mo. R.R. St. 4 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 male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
72 9 29

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

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) Jackson Mo.

13. NAME Henry Milton Dalton

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

15. MAIDEN NAME Nancy Johnson

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

17. INFORMANT (ADDRESS) Mrs Mary Dalton Independence Mo. R.R. St. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Dec 29 - 1935

19. UNDERTAKER (ADDRESS) Off - Mitchell Independence Mo.

20. FILED 12-30-1935 J. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25 1935 to Dec 27 1935

I last saw him alive on Dec 26 1935 Death is said

to have occurred on the date stated above, at 5:20 a.m.

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

Myocarditis - Date of onset unknown  
White

Other contributory causes of importance:  
traumatic hyphema & urinary retention - urethral

Name of operation Retention catheter Date of 3 months ago  
What test confirmed diagnosis Fluorescence 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) W. Allen, M. D.  
(Address) Independence Mo.

