

APR 13 1936

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

Do not use this space.

10256

1. PLACE OF DEATH

County Greene
Township Paris
City North-east R1 (No. _____)

Registration District No. 325
Primary Registration District No. 5457

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Chauncy Brunson Dayton (C.B.) Jr.
(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 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 - 1936

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

22. I HEREBY CERTIFY That I attended deceased from Feb - 20 - 1936 to March 1 - 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 6 - 1915

I last saw him alive on Feb - 29 - 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 0 25

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. Mechanic

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Ave. Busline

Glob. Pneumonia

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

1/20

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Lawrence County, Mo.

Influenza

13. NAME C.B. Dayton

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Mo.

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Alta Remasters

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT C.B. Dayton (ADDRESS) North-east R1, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cnty. DATE 3/2 - 36

Manner of injury _____

Nature of injury _____

19. UNDERTAKER Prim Funeral Home (ADDRESS) Walnut St. Mo.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

20. FILED 3-3 1936 L.M. Collins Registrar.

(Signed) [Signature], M. D.

(Address) Marionville, 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.

