

DEC 3 1936

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

Do not use this space.

43252

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis, Mo. (No. City Hospital #1) St. Ward)

File No.....
Registered No. 11834

2. FULL NAME / Mike Dalton

(a) Residence, No. 1014a Franklin Avenue St. 25 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29th, 1964

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 11 29

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

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) Canada

13. NAME Tom Dalton

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

15. MAIDEN NAME Bridget Waters

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

17. INFORMANT Mrs Mollie Dalton (ADDRESS) Memphis, Tennessee

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis, Tennessee DATE December 1, 1936

19. UNDERTAKER Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Avenue

20. FILED NOV 30 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1936, to 11/28, 1936. I last saw him alive on 11/28, 1936. Death is said to have occurred on the date stated above, at 5:25 P. m.

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

lobar pneumonia - bilat.
Urinary lithiasis
Urthral stricture -
Acquired - Venereal -
Anemia gonorrhoea ?

Other contributory causes of importance:

108
Name of operation Cystomy & drainage Date of 11/24/36
What test confirmed diagnosis? Autopsy as there an autopsy? 2120

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) Thos W. Sporn, M. D. (Address) City Hospital #1

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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