

REC'D JUN 8 1938

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

18599
Do not use this space.

1. PLACE OF DEATH *JEFFERSON* Registration District No. *425*
(a) County *JEFFERSON* Primary Registration District No. *5588*
(b) Township *MEPAMEE*
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *JAMES ROBERT DATTON* *350*
(a) Residence, No. *4307 California Ave* *St. Louis* St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *ETHEL LAKE DATTON*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *MAY 11-1894*
7. AGE YEARS *44* MONTHS *0* DAYS *8* If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *BREWERY WORKER*
9. Industry or business in which work was done, as saw mill, bank, etc. *Brewery*
10. Date deceased last worked at this occupation (month and year) *5/18/38* 11. Total time (years) spent in this occupation *2 years*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/19/38* 19

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 *10:38* a.m.

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

Pyemia Pectoris
James A. Townsend M.D.
Date of onset _____
Other contributory causes of importance: *940*

12. BIRTHPLACE (CITY OR TOWN) *BOURBON* (STATE OR COUNTRY) *Mo*
13. NAME *JOHN DATTON*
14. BIRTHPLACE (CITY OR TOWN) *BUFFALO* (STATE OR COUNTRY) *NEW YORK*
15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

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) *Frank J. Jozin* *Coroner*

(Address) *Fulton, Mo.*

17. INFORMANT (NAME) *Mrs. Ethel Patton* (ADDRESS) *4307 California Ave*
18. BURIAL, CREMATION, OR REMOVAL PLACE *5475 1/2 Bux Pk* DATE *5-23-38*
19. FUNERAL DIRECTOR (NAME) *W. J. Undertaking Co* (ADDRESS) *2920 So. Jefferson Ave*
20. FILED *19 May 38* *James A. Townsend* Local Registrar.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Edgar F. Witt

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Edgar F. Witt

Licensed Embalmer No. *2117*

P. O. Address *2929 Jefferson Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.