

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

44075
 Do not use this space.

DEC 7 1938

1. PLACE OF DEATH

(a) County Perry
 (b) Township St. Marys
 (c) City _____
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds.

Registration District No. 663
 Primary Registration District No. 5881

Registered No. 68

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

2. PRINT FULL NAME Nancy Caroline Dalton

(a) Residence, No. 435 Silver Lake, MO. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1851

7. AGE YEARS 87 MONTHS 0 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Tennessee

13. NAME Jeremiah Singleton

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

15. MAIDEN NAME Charlotte Carpenter

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

17. INFORMANT J. M. Ramsey (ADDRESS) Silver Lake, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Star Church DATE Jan. 2, 1938

19. FUNERAL DIRECTOR (NAME) Bey Ornel Home (ADDRESS) Berryville Mo.

20. FILED 12 1938 H. J. Duwall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938 to Dec 31, 1938

I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 7:20 p.m.

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

Cerebral Hemorrhage
Senility
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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 None
 (Signed) H. J. Duwall, M. D.
 (Address) Berryville, Mo.

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.

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,

....., or by.....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Albert H. Bey

Licensed Embalmer No.....

3866

P. O. Address.....

Berryville, Mo.

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.