vis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JAN 13 1939

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

44660
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard 2 Registration District No. 838

(b) Township Liberty 1 Primary Registration District No. 4509 Registered No.

(c) City Dexter 1 (d) Street No. St.
(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 Oliver Dalton

(a) Residence, No. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
67	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Wayne Co. Ill 1

FATHER
13. NAME James Dalton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Record 9

MOTHER
15. MAIDEN NAME Mary Horn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 9

17. INFORMANT (ADDRESS) G. C. Dalton Exxex, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Taylor DATE 12-1-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland Dexter, Mo. 755

20. FILED 1/10 1939 Margaret Boone Local Registrar Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-38, 19

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to Nov 30th, 1939
I last saw him alive on Nov. 25th, 1938 Death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma et Hyper Tension

Date of onset

Other contributory causes of importance: 112

Name of operation Date of
What test confirmed diagnosis? C 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? no
If so, specify
(Signed) S. S. Davis, M. D.
(Address) Dexter Mo

(Licensed Embalmer's Statement on Reverse Side)

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, J. E. Strickland, or by ~~Registered Apprentice No.~~ _____, working under my personal supervision.

Signed J. E. Strickland

Licensed Embalmer No. 3499

P. O. Address Dexter, Mo.

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

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