

Registration District No. 783

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH: 2
(a) County Ste. Genevieve
(b) City or town Mine La Motte Star Route
(c) Name of hospital or institution: Salmon Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County S
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Gillie C. Dalton 435
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 5th
year 1939 hour 12:15 A.M. minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Dalton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 3 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-20-39
_____, 19____ to 9-5, 1939
that I last saw her alive on 8-21, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 7 Days 2 If less than one day
hr. _____ min. _____

Immediate cause of death Cardiac decompensation
Due to Rheumatic Heart Disease
Due to _____
Other conditions (include pregnancy within 3 months of death) None

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Care of home

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name William Breece
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Cora Creeley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant's own signature Edward Dalton
(b) Address Mine La Motte Star Route
17. (a) Burial (b) Date thereof Sept 6 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farrington
18. (a) Signature of funeral director C. J. Boyer
(b) Address DeSloge Missouri
19. (a) Sept. 5, 1939 (b) Mrs. A. G. Boyd
(Date received local registrar) (Registrar's signature)

23. Signature Richard C. ... (M.D. or other) 9-5-39
Address Farrington Date signed 9-5-39

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

E. Z. Boyer

Licensed Embalmer No.

1671

P. O. Address

Waslogh Mt

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30123

Do not use this space.

1. PLACE OF DEATH

(a) County St. Genevieve Registration District No. 783

(b) Township Saline Primary Registration District No. 6029 Registered No. _____

(c) City _____ (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 Gillie S. Dalton

(a) Residence, No. mine La Motte, Mo. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) in

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>32</u>	<u>7</u>	<u>2</u>		

OCCUPATION

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. _____

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Sept 5 1939 Mr. A. G. Boyd Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-39

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

<p>Other contributory causes of importance:</p>	<p>Date of onset</p>
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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) Richard Gould _____, M. D.
(Address) Harrison _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

