

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

14783

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas 2 Registration District No. 291
 (b) Township Spencer 0 Primary Registration District No. 6256
 (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

Ida Jewel 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF James M. Dalton
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40 11 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as law 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) Webster Co Mo 0

FATHER 13. NAME Andy Terrill 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Jane Wright 0

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

17. INFORMANT (ADDRESS) J. M. Dalton
Gordland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Mar. 13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelly - Sorell
Seymour Mo

20. FILED 4-5 1940 Reba K. White
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1940

22. I HEREBY CERTIFY, That I attended deceased from June 16 1939, to March 5 1940
 I last saw him alive on March 5 1940 Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy on liver
Nervous Condition
Heart
 Date of onset 1-2-40
6-16-39
6-15-39

Other contributory causes of importance:

Name of operation physical Date of _____
 What test confirmed diagnosis? examination 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? MO
 If so, specify _____
 (Signed) V. G. Keltner D. E. M.
 (Address) Seymour, Mo.

RECEIVED

District Health Officer No. 6, Denver, Colorado

District File Number 540-1212

Date Filed MAY 3 1940

1250

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

K K Kelley

Licensed Embalmer No.

3334

P. O. Address

Raymond 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14783**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **281**

Primary Registration District No. **5256**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Spencer**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT
FULL NAME

Ida Jewel Dalton

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex **7**

5. Color or
race **W**

6. (a) Single, widowed, married,
divorced **m**

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if
alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

40

11

15

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**

(b) County **Douglas**

(c) City or town **Spencer**

(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **May** day **11**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from **6-1**
19**39**, to **3-5**, 19**40**

that I last saw him alive on **3-5**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Abscess on liver**
Nervous condition

Due to **Obstruction of bile ducts**
or infectious gall bladder

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature **V. A. Keltner** (M. D. or other)

Address **Spencer Mo.** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENT

S-14783

Handwritten text, possibly a signature or date, located in the lower left quadrant of the page.