

MO JUN 8 1938

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

18327
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Greene Registration District No. 316
 (b) Township S. Campbell Primary Registration District No. 5440
 (c) City Springfield (d) Street No. N.W. X 7 Registered No. 429 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 MANFORD KEATH DALTON H.S.
 (a) Residence, No. Rto #7, City 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1938

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
1 0 0 9

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. Child
 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) Springfield Mo.
N.W. 7

FATHER 13. NAME Harold Richard Dalton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daney Co. Mo.

MOTHER 15. MAIDEN NAME Florence Triplett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daney Co. Mo.

17. INFORMANT (ADDRESS) Harold Richard Dalton
Springfield Mo. N.W. 7

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookline cemetery DATE 5-25-38

19. FUNERAL DIRECTOR (ADDRESS) Dunn Hall
629 W. Walnut St. Springfield

20. FILED May 24 1938 Chas. A. George Local Registrar 270

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/17/38, 19... to 5/23/38, 19...
 I last saw him alive on 5/23/38, 19... Death is said to have occurred on the date stated above, at 8:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia pneumonia
 Date of onset 5-16-38

Other contributory causes of importance: 153

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 (Signed) Edward Schwartz M. D.
 (Address) 342 N. 1st St. Springfield

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, No Embalming, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by no.

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)