

1939 JUL 14

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

22039  
Do not use this space.

1. PLACE OF DEATH  
(a) County: Dunklin Mo. Registration District No. 290  
(b) Township: Salmon Primary Registration District No. 5408 Registered No. 2  
(c) City: \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME: 1135 Erdig H 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: M 4. COLOR OR RACE: W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF: Bertha Dalton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8-1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.: 51 9 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farming  
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: 1  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 9  
13. NAME: Isiah Dalton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know  
15. MAIDEN NAME: Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know  
17. INFORMANT (ADDRESS): Mrs. A. G. Dalton  
Don't know Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE: Cedar Grove DATE: 6-12-39  
19. FUNERAL DIRECTOR (ADDRESS): Wm. Daniel Travel Service  
Don't know Mo.  
20. FILED: July 7 1939 A. S. McDaniel  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-11-39 1939  
22. I HEREBY CERTIFY that I attended deceased from Jan 38 to June 11, 1939  
I last saw him alive on June 11, 1939. Death is said to have occurred on the date stated above, at 3:20 Am.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Substern  
Mastoid  
Date of onset: \_\_\_\_\_  
Other contributory causes of importance: 57  
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? no  
If so, specify: \_\_\_\_\_  
(Signed) D. G. Humphrey, M. D.  
Address: Don't know

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 3,

District File Number 739-443

Date Filed 7/11/39

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... 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.)**