

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

Do not use this space.

28399

**1. PLACE OF DEATH**

County Marion  
Township Welch  
City                      (No.                     )

Registration District No. 571  
Primary Registration District No. 5769

File No.                       
Registered No. 417  
St.                      Ward                     

**2. FULL NAME**

Fred R Dalstein

(a) Residence No.                      St.                      Ward                       
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)                     

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 4 8                                          

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work                       
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. Germany

10. NAME OF FATHER John Dalstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER                     

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Wm O'Connell  
(Address) Osage City

15. FILED Aug 29 1929 Geo. W. Rait REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 3 1929

17. I HEREBY CERTIFY That I attended deceased from Aug Memph, 1929, to August 3, 1929 that I last saw him alive on August 2, 1929, and that death occurred, on the date stated above, at 3 H m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcin  
53 E Epithelioma of  
1 Week (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)                      (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED HQ  
IF NOT AT PLACE OF DEATH?                     

8 DID AN OPERATION PRECEDE DEATH DATE OF                     

WAS THERE AN AUTOPSY?                     

WHAT TEST CONFIRMED DIAGNOSIS                     

(Signed) R. M. Gray, M. D.  
8-4, 1929, (Address) California

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Salem Aug 30 1929

20. UNDERTAKER                      ADDRESS                       
                    

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.

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