

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Year 1940
Month 3
Day 15

Form T.S. 3-A
DEPARTMENT OF REVENUE
BUREAU OF VITAL STATISTICS

Registration District No. 811 Registrar's District No. 2300

1. PLACE OF DEATH: Home
(a) County Barren
(b) City or town Barrenville
(c) Name of hospital or institution
(d) Length of stay: In hospital or community four months or more

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Barren
(c) City or town Barrenville, Ky
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____

3(a) FULL NAME Alford S. Dalton
(b) If female, _____
Date of birth _____

4. DATE OF DEATH March 15, 1940

5. SEX M (a) Color W (b) Single, widowed, divorced, or married Married

6. TIME OF DEATH 3-15-40
Time of day 10 A. M.

7. Name of husband or wife Larissa Dalton
(a) Age of husband or wife at death 50
(b) Birth date of deceased Aug 17 1889

8. CAUSE OF DEATH Arteriosclerosis
Brain stroke

9. AGE: Year 80 Month 6 Day 28

10. DURATION _____
Other conditions Arteriosclerosis

11. Occupation Retired
12. Usual occupation _____
13. Industry or business _____

14. Major findings: _____
15. Co-morbidities _____
16. Cause of death _____

17. Name Mah Dalton
18. Birthplace Ky
19. Maiden name Maria Hale
20. Birthplace Ky

21. If death was due to natural causes, fill in the following:
(a) Accidental, suicide, or homicide (specify) _____
(b) Trauma of instrument _____
(c) Where and how death occurred _____

22. Informant's name John Dalton
(b) Address Barrenville Ky

(c) Where and how death occurred in or about home, on farm, in industrial place or public place _____
(d) Signature _____ (Specify type of placid)
(e) Name of doctor _____

23. Signature of funeral director Walter E. Huff
(b) Address Barrenville Ky

(f) Signature _____ (g) Name of doctor _____
(h) Date March 16, 1940

24. Name Mrs. S. Lock
(b) Address Barrenville

MARGIN RESERVED FOR BINDING
Every item of information furnished by a physician should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH EXACTLY.