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

Do not use this space.

3421

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1055

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 6721 Virginia Ave St. ..... Ward)

2. FULL NAME Brockett H Dickson

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22. 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	5	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Foreman

(c) Name of employer C Hoffmeister U & L Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER John Dickson

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

12. MAIDEN NAME OF MOTHER Emily Andrews

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

14. INFORMANT Mrs Cecelia Dickson
(Address) 6721 Virginia

15. FILED JAN 31 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1927

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to Jan 29, 1927, that I last saw him alive on Jan 15, 1927, and that death occurred, on the date stated above, at 2 P 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Regurgitation of Mitral Valves

(duration) about yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvular dis of Heart

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Heart Murmurs

(Signed) F F Zeller, M. D

, 19 (Address) 7119 So Bdway

*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 Palmer Hill Illinois

DATE OF BURIAL Feby 1st 1927

20. UNDERTAKER C Hoffmeister U & L Co

ADDRESS 7814 S. Bdwy

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.