WHITE PURINEY, 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.

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

Do not use this space.

10354

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. Isolation Hosp. St. ..... Ward)

File No. .....

Registered No. 2947

2. FULL NAME Robert Dickson

(a) Residence. No. 4111 Lafayette St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-5-1923

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil 10 SBP
(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): Neb.

PARENTS

10. NAME OF FATHER: Filden W. Dickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kan.
12. MAIDEN NAME OF MOTHER: Thelma Zentz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Neb.

14. INFORMANT: M. O'Brien
(Address) 5600 Arsenal

15. FILED 28 ..., 19 ..... Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/25 1927

17. I HEREBY CERTIFY, That I attended deceased from 3/24, 1927, to 3/25, 1927, that I last saw him alive on 3/25/27, 19....., and that death occurred, on the date stated above, at 6:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria, Pharyngeal and Laryngeal
10 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Myocarditis, Acute Diphtheritic (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4111 Lafayette

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H Garrison, M. D

, 19 (Address) Isolation Hosp

*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: Omaha Neb
DATE OF BURIAL: 3/26 1927

20. UNDERTAKER: A Ellis 5740 Delmar
ADDRESS