

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

Do not use this space.
Dr. Tolson
29446
File No. _____
Registered No. *135* _____
St. _____ Ward _____

1. PLACE OF DEATH
County *Andrew* Registration District No. *26*
Township _____ Primary Registration District No. *3002*
City *Mexico Mo* (No. _____) St. _____ Ward _____

2. FULL NAME *Wm. D. Dishman*
(a) Residence. No. *509 E. Park* St. *4th* Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred *37* 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 *colored* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hattie Dishman Rollins*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 1857*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>About</i>	<i>70</i>	<i>x</i>	<i>x</i>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Barber*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 3rd 1927*
17. I HEREBY CERTIFY, That I attended deceased from *Sept. 12* to *Oct. 3*, 1927, and that I last saw him alive on *Oct. 3*, 1927, and that death occurred, on the date stated above, at *12 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

venicic poison
1118

CONTRIBUTORY (SECONDARY) *Yes* (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *E. F. Tolson* _____, M. D.
, 19 (Address) *Mexico Mo*

*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery Co, Mo*

10. NAME OF FATHER *Henry Dishman*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *D. N. Unknown*

12. MAIDEN NAME OF MOTHER *Hattie Green*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *D. N.*

14. INFORMANT *Jos. Dishman*
(Address) *509 E. Park St, Mexico Mo*

15. FILED *Oct 4th - 1927* *Ira S. Milligan* REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Elmwood - Mexico Mo* DATE OF BURIAL *Oct 6 - 1927*

20. UNDERTAKER *Mrs. Pheters Ave* ADDRESS *Mexico Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state if necessary supplied.

