NOV 26 1921

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

Do not use this space.

29773

1. PLACE OF DEATH

County Carroll — Registration District No. 135 — File No.

Township — Primary Registration District No. 3010 — Registered No. 97

City Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Mary E. Dickson

(a) Residence. No. 902 E. Burton St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-24-1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	18	—	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Carroll County

PARENTS

10. NAME OF FATHER John W. Dickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Carroll County
12. MAIDEN NAME OF MOTHER Nannie Homan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Carroll County

14. INFORMANT Mrs. Nannie Dickson
(Address) Carrollton, Mo.

15. FILED 10-26, 1927 Mrs E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-9-27, 19..., to 10-25-, 1927 that I last saw her alive on 10-25, 1927 and that death occurred, on the date stated above, at 7.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr pulmonary Tuberculosis
23A
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? K.C. Mo

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum

(Signed) H. B. Scovern, M.D.

10-26, 1927 (Address) Carrollton, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Adkins Cemetery	Oct 27 1927
20. UNDERTAKER	**ADDRESS**
Willis Brothers	Carrollton Mo

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.

PERMANENT RECORD