

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

Do not use this space.

7192

1. PLACE OF DEATH

County..... Registration District No. 7971 File No.
 Township..... Primary Registration District No. 3003 Registered No. 2171
 City St. Louis Mo. (No.) Sanitarium St. Ward)

2. FULL NAME

Harry Dickson
 (a) Residence. No. 115 St. 20th St. 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 15 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) Oct. 17, 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	43	3	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Messenger boy
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.R. Summers
 (Address) 5300 Arsenal

15. FILED SEP 27 1928 Max B. Starckoff
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16, 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1st, 1928, to Jan 16, 1928 that I last saw him alive on Dec 15, 1928, and that death occurred, on the date stated above, at 12 1/2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
 (duration) yrs. mos. ds. 3 ds.

CONTRIBUTORY (SECONDARY) 10/10
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

9. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W.R. Summers, M. D.

7-16., 1928 (Address) 5300 Arsenal

*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 Missouri Chiro College DATE OF BURIAL 7/30 28

20. UNDERTAKER W. Richter ADDRESS 3500 Rutger

M. 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

