243

48 10 9

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

Do not use this space.
1572

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township — Primary Registration District No. 1002
City Kansas City (No. St. St. Josaphat Hospital St. Ward)
File No. 103
Registered No. 1103

2. FULL NAME Izetta Dickenson
(a) Residence. No. 3425 Summit St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Victor C. Dickenson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 29 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58	8	12	

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

59 1/2 30

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

PARENTS

10. NAME OF FATHER Wayne Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Conn.
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT V. C. Dickenson
(Address) 3425 Summit

15. FILED 1-13 19 29 M. M. Cain Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Jan. 11, 1929, that I last saw h. alive on Jan. 11, 1929, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicaemia
abscess on Buttock

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) diabetes Mel.
(duration) yrs. 6 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? Clinical and Laboratory

(Signed) A. D. Welch, M. D
1/17, 1929 (Address) 235 Ruest

*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
Memorial Park	Jan. 14 19 29
20. UNDERTAKER	ADDRESS
H. W. Gates	K. C. K.

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

235 1 2 29