

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

Do not use this space.

18142
2187

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1092
 City Kansas City (No. 4328, Beauche Pd. No. Ward)

2. FULL NAME

William S. Dick
 (a) Residence. No. 4328 Beauche Pd. No. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 4 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/18/1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pittsburgh (STATE OR COUNTRY) Pa.

10. NAME OF FATHER James H. Dick

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

12. MAIDEN NAME OF MOTHER Elizabeth M. Louman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburgh (STATE OR COUNTRY) Pa.

14. INFORMANT Harry Dick (Address) Lawrence, Kans

15. FILED 5/13 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to March 12, 1929, that I last saw him alive on March 11, 1929, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
72B
Hodgkins Disease

CONTRIBUTORY (SECONDARY) 6513 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Lawrence Ks.

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Walter A. Baker, M. D.

5-13, 1929. (Address) 1025 - Angle Bldg. Kansas City 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 Lawrence, Kans. DATE OF BURIAL 5/13 1929

20. UNDERTAKER Freeman Mortuary ADDRESS 704 W. 42nd St.

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.

161
2
2
2

RECORD

Dr. Wilbur Drake

1025 Argyle Bldg.
Via 6744 J

11 to 5.