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

Do not use this space.

3098
24686

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398 — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.: 9

City: Kansas City — (No. General Hospital #2 1002 St. Ward)

2. FULL NAME Dixon, Veronia

(a) Residence. No. 1816 Grove St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 5 mos. 18 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-25-1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	5	17	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

PARENTS
10. NAME OF FATHER: Green, Sam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Green, Effie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Record Clerk
(Address) General Hospital #2

15. FILED 7/16, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to July 12, 1929 that I last saw her alive on July 12, 1929, and that death occurred, on the date stated above, at 3:58 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured, Tubo-Ovarian Abscess. Gonococcus Infection
1396
356
1173
(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (SECONDARY): Peritonitis, Toxemia
(duration) ....yrs. ....mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-10-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Operation
(Signed) H. M. Smith, M. D.
7/16, 1929 (Address) General Hospital #2

*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: Maple Hill Cemetery — DATE OF BURIAL: 7/17 1929

20. UNDERTAKER: West, Appleton & Jones — ADDRESS: 1600 E. 19th

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.

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Kansas City, Missouri.
March 22, 1935

RE: Death Certificate of
Veronia Dickerson. (Colored)

Dr. E.T.McGaugh,
State Registrar Bureau of Vital Statistics,
State Board of Health,
Jefferson City, Missouri.

Dear Sir:

My wife, Veronia Dickerson was employed, washing by the day for a white family whose name is unknown to me. When taken ill she was sent by them to General Hospital #2 where she died July 12, 1929.

She was erroneously registered at the General Hospital # 2 by parties unknown to me as Veronia Dixon. Her body was sent to West,Appleton Jones Undertakers and I later paid them $171.00 burial fee.

V ery truly yours,

Louis B. Dickerson

Louis B.Dickerson,
430 Lawrence St.,
Rosedale, Kansas.

STATE OF MISSOURI)
) SS
COUNTY OF JACKSON)

Subscribed and sworn to before me this 22nd day of March, 1935

Geo. W. Neal
Notary Public

My Commission Expires Sept. 28, 1937.

S-24686
1929