

APR 30 1930

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

Do not use this space.

11417

1. PLACE OF DEATH
County Taney
Township Judson
City (No.) St. Ward

Registration District No. 1065
Primary Registration District No. 6133

File No. 34
Registered No. St. Ward

2. FULL NAME Paul Dickson

(a) Residence. No. St. 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 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) May 13 / 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 10 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Geo. B. Dickson

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

12. MAIDEN NAME OF MOTHER Mary J. Coulter

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

14. INFORMANT Mrs Mary J. Coulter Dickson
(Address) Branson Mo

15. FILED Mar 25 1930 L. P. Stewart
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/20/30 to 3/24/30, 1930, that I last saw him alive on 3/23/30 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10X
1024/1010 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Epistaxis (duration) yrs. mos. 2 ds.

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

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) A. S. Shumate M. D.
3/25, 1930 (Address) Reeds Spring 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 Hazelwood Cemetery DATE OF BURIAL 3/26 1930

20. UNDERTAKER Mrs Nettie Stults ADDRESS Reeds Spring 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.

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