

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.

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Greene  
Township Wetzel  
City Laredo (No. \_\_\_\_\_)

Registration District No. 375  
Primary Registration District No. 4195

File No. 29688  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Dickson

(a) Residence (Usual place of abode) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Verna Dickson</u>		
7. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 31 1847</u>		
7. AGE YEARS <u>83</u>	MONTHS	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(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)  
Reston Co., MO.

10. NAME OF FATHER Jim. Dixon

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

12. MAIDEN NAME OF MOTHER OK

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

14. INFORMANT Mrs L. V. Hasting  
(Address) Laredo, Mo.

15. FILED 9-5-1930 E. J. Robertson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 8 - 28, 1930 to 9 - 4, 1930  
that I last saw him alive on 9 27, 1930 and that death occurred, on the date stated above, at 8:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Chronic Nephritis  
131

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 129  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Thomas M. D.  
, 19 \_\_\_\_\_ (Address) Laredo 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 Brackett DATE OF BURIAL Sept 6 1930

20. UNDERTAKER E. J. Robertson ADDRESS Laredo.

