

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

Do not use this space.

9667

File No. _____
Registered No. 29
St. _____ Ward _____

1. PLACE OF DEATH
43 County Howard,
1 Township _____
4 City Payette, (No. _____ St. _____ Ward _____)

Registration District No. 878
Primary Registration District No. 4222

2. FULL NAME John B. Dickerson,

(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. da. 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) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Dickerson,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 / II 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 86 8 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY) 1

FATHER
13. NAME William Dickerson,

14. BIRTHPLACE (CITY OR TOWN) Kentucky, (STATE OR COUNTRY) 5

MOTHER
15. MAIDEN NAME Eliza Watts,

16. BIRTHPLACE (CITY OR TOWN) Kentucky, (STATE OR COUNTRY)

17. INFORMANT Dallas Dickerson, (ADDRESS) St Louis, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, DATE 3/26/31

19. UNDERTAKER Guy T. Halley, (ADDRESS) Payette, MO.

20. FILED Apr. 10, 1931 J. C. Bonham Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/31, 1931
22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1931, to 3-24, 1931
I last saw h. im alive on 3-24, 1931. Death is said to have occurred on the date stated above, at 3⁵⁵A. m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Generalized infection of left leg. 23-31 1931

16 1/2
Other contributory causes of importance:
Senility
Name of operation leg opened Date of 3-7-31
What test confirmed diagnosis? Infection Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Wm. J. Shaw, M. D.
(Address) Payette, 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.

APR 23 1931

and the
aportas

19 1
Bact a



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Howard Registration District No. 378 File No.
 Township Primary Registration District No. 4222 Registered No. 29
 City Fayette (No.) St. Ward)

2. FULL NAME John B. Dickerson
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) wid

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

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

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 19 31

17. I HEREBY CERTIFY, That I attended deceased from to
 that I last saw him alive on, 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized infection of
peritonsillar abscess
peritonsillar abscess
 (duration) yrs. mos. ds.
 CONTRIBUTORY Senility
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address)

*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.

14. INFORMANT (Address)

15. FILED H. C. B. V. C. Bonham REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 ADDRESS 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

N. P. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

6896-c