

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

Do not use this space.

15021
56

1. PLACE OF DEATH
 County Montgomery Registration District No. 592
 Township North Montgomery Primary Registration District No. 4950-5290
 City North St. _____ Ward _____

2. FULL NAME Sarah Frances Dickey
 (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 63 yrs. 10 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Dickey</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 8, 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>63</u>	<u>10</u>	<u>27</u>		
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) <u>Montgomery Co. Mo</u>				
PARENTS	10. NAME OF FATHER <u>James H. Oliver</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Ken. KY</u>			
	12. MAIDEN NAME OF MOTHER <u>Cassilla V. Oliver</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Albmarle Co Virginia</u>			
14. INFORMANT <u>H. B. Dickey</u> (Address) <u>Mason Mo</u>				
15. FILED <u>May 10, 1931</u> <u>D. J. Bentley</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>April 5 1931</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 28 1930</u> to <u>April 5 1931</u> that I last saw h. <u>alive</u> on <u>April 5 1931</u> , and that death occurred, on the date stated above, at <u>7:45 P.M.</u>
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Carcinoma of the Liver</u> <u>16E</u> (duration) yrs. <u>4</u> mos. ds.
CONTRIBUTORY (SECONDARY) <u>46E</u> (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____ WAS THERE AN AUTOPSY? <u>No</u> WHAT TEST CONFIRMED DIAGNOSIS? <u>Physical Examination</u> (Signed) <u>Paul Mearns</u> M. D. <u>April 16, 1931</u> (Address) <u>Montgomery City, Mo</u>
*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 <u>Wellsville Mo</u> DATE OF BURIAL <u>4/7/31</u>
20. UNDERTAKER <u>J. W. Kuhn</u> ADDRESS <u>Wellsville</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1931

