

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

Do not use this space.

31172

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence

Registration District No. 398

Primary Registration District No. 5554

(No. 2200 Vermont Route #6)

File No. \_\_\_\_\_

Registered No. 318

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** James E. Dickinson

(a) Residence, No. 2200 Vermont St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heiser Saddle Co.  
10. Date deceased last worked at this occupation (month and year) June 1930 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inland Iowa

13. NAME Chas. M. Dickinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica N.Y.

15. MAIDEN NAME Anna M. Templeton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sinken Valley Penn

17. INFORMANT (ADDRESS) Mrs. Geo. Hoffman 2200 Vermont

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Sept. 24 1931

19. UNDERTAKER (ADDRESS) H. W. Stahl 815 W. Maple Indep. Mo.

20. FILED Sept 22 1931 J. H. Cook

Registrar.

**DEPUTY MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 7:00A m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound in Brain  
suicidal

Other contributory causes of importance:

Brain Tumor  
Glycemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.

(Address) Indep. 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.

661-23-1031

