

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

Do not use this space.

10038

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170 File No. _____
 7 Township Central Primary Registration District No. 6248H Registered No. 69
 7 City Richmond Heights Wro, Clayton Rd., St. Mary Hospital (Ward) _____
 7 _____

2. FULL NAME Betty Ann Dickson

(a) Residence, No. 3144 Magnolia St. _____ Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13 - 1928</u>				
7. AGE	YEARS <u>3</u>	MONTHS <u>9</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Paul Dickson</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Lakeland</u> (STATE OR COUNTRY) <u>Florida</u>			
	15. MAIDEN NAME <u>Anna Elizabeth Clark</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Omaha</u> (STATE OR COUNTRY) <u>Nebr</u>			
	17. INFORMANT <u>Paul Dickson</u> (ADDRESS) <u>3144 Magnolia</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus Cemetery</u> DATE <u>March 28, 1932</u>				
19. UNDERTAKER <u>Seidman's Funeral Home</u> (ADDRESS) <u>1936 W. 7th St.</u>				
20. FILED <u>3/27</u> 19 <u>32</u> <u>C. B. Jensen</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1932, to Mar 26, 1932.
 I last saw him alive on Mar 26, 1932. Death is said to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
 Date of onset 3/24

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Wt. & 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) M. L. Beck, M. D.
 (Address) 3115 P. Blvd.

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 29 1932

PHYSICIAN
LIONEL W. BROWN

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

File No. _____

Township _____

Primary Registration District No. 6248

Registered No. 69

City Richmond Gate (No. _____) St. _____ Ward _____

2. FULL NAME

Betty Ann 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M

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. 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) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

FILED 5/12 1932 C. L. Queen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Organic pneumonia Date of onset _____
Other contributory causes of importance: Mrs. can't just decide what it came from. May have been at tuberculosis later.

Name of operation _____ Date of _____
What test confirmed diagnosis? 1070 Was there an autopsy? _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

N.B. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN'S AND STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. TRANS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

WRITE PLAINLY WITH UNBOLD LETTERS. THIS IS A PERMANENT RECORD.

10038