

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

Do not use this space.

15375

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph's Hospital,

File No. _____
Registered No. 5110
St. _____ Ward _____

2. FULL NAME Helen Eleanor Dickey,

(a) Residence, No. 1116 Powell 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 9 8

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home, 235
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) Andrew County, Missouri,

13. NAME Edward Maxwell,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

15. MAIDEN NAME Sallie Peter,

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

17. INFORMANT (ADDRESS) Cranston M. Dickey, 1116 Powell Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetary May 21st., 1932

19. UNDERTAKER (ADDRESS) Sheaton - Be Gole 11 Bowman 319 S 10th St. General Home

20. FILED MAY 20 1932 John R. Bender Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to May 19, 1932
I last saw him alive on May 19, 1932 Death is said to have occurred on the date stated above, at 8:35 m.
The principal cause of death and related causes of importance were as follows:

Septicemia (general)
acute indurated
acute Purpura
35A
35B-35
Other contributory causes of importance:
37 acute (general) Septicemia

Name of operation Bilateral Salpingectomy Date of 4/4/32
What test confirmed diagnosis? Culture 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) H. E. Walker M. D.
(Address) 301 N. E. 4th Ave

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.

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