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.

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

Do not use this space.

19416

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2217
Township Kaw — Primary Registration District No. 1004 — Registered No. 1 2217
City K.C. Mo (No. General Hospital St. Ward)

2. FULL NAME Mrs. Mattie Dickson
(a) Residence, No. 3328 Dunham St., 11 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Dickson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31-1864
7. AGE YEARS 68 MONTHS 2 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Mo

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Robt. Isbell 3328 Dunham
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 4, 1932
19. UNDERTAKER (ADDRESS) A. P. Dockler 1415 East 15
20. FILED 6/3, 1932 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1932
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 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Autohistolysis of Heart	
186A	
194B	
95B	
186C (5)	6

Other contributory causes of importance:
Concussion of Brain
fell off of Chair

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? K.C. Date of injury May 26, 1932
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 fell off of Chair
Nature of injury Autohistolysis of Heart - Concussion of Brain
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] M.D.
(Address) Coroner