

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.

JUL 27 1932

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

Do not use this space.

21680

1. PLACE OF DEATH
 102 County Shelby Registration District No. 830
 Township Salt River Primary Registration District No. 6091
 City Shelby Mo. (No. 2110) St. _____ Ward _____

2. FULL NAME James Walter Dickson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.

File No. 22
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie J. Dickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>6</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Missouri

FATHER
 13. NAME Josiah P. Dickson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER
 15. MAIDEN NAME Mary Shropsh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT E. G. Dickson
 (ADDRESS) Ken. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE T. O. F. Shelby Mo. July 2, 1932

19. UNDERTAKER (ADDRESS) J. B. Brothers Shelby Mo.

20. FILED 7-11 1932 W. J. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-32

22. I HEREBY CERTIFY, That I attended deceased from 4-5-28, 1928, to 6-30-32, 1932.
 I last saw him alive on 6-28-32, 1932. Death is said to have occurred on the date stated above, at 49 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1928

D. J. C.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) A. M. Wood M. D.
 (Address) Shelby Mo.

