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.

39811

1. PLACE OF DEATH Jackson
County ..... Registration District No. 399 File No. .....
Township Kaw Primary Registration District No. 1002 Registered No. 4818
City Kansas City (No. 4727 Liberty St. ..... Ward)

2. FULL NAME William J. Dickey
(a) Residence, No. 4727 Liberty St., 7 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 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 Ada Mae Dickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 29
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) Chicago Ill 2

FATHER
13. NAME Oliver J. Dickey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Caroline -----
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Mrs. A. M. Dickey 4727 Liberty

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 12/19/32 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

20. FILED Dec. 18, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/32 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide gas poisoning.	

Other contributory causes of importance: 1708 678 31

Name of operation no
What test confirmed diagnosis? Autopsy & Chemistry Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/16/32 19
Where did injury occur? 4727 Liberty St. K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gas poisoning (CO) in
Nature of injury Garage (motor car exhaust)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) Deputy Coroner