

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

Do not use this space.

12191

1. PLACE OF DEATH
 County North Registration District No. 403
 Township Stetson Primary Registration District No. 607
 City Alleendale (No. 45 212) St. _____ Ward) _____

2. FULL NAME George William Dickerson
 (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 33 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 9
 St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. J. Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26-1870

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
62 7 9 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Groceries
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) North Bend
 (STATE OR COUNTRY) Nebraska

10. NAME OF FATHER W. R. Dickerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Caroline Brans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs B. Danville
 (Address) Grant City Mo

15. FILED Mar 28 1933 John Andrew
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1933

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1933 to March 27, 1933 that I last saw him alive on March 27, 1933 and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
924
10:30 AM
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Hypertension
 (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF _____
 WAS THERE AN AUTOPSY? ✓
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) John Andrews M. D.
3/27 1933 (Address) Grant City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grant City Mo DATE OF BURIAL 3/27 1933

20. UNDERTAKER Andrews Bros ADDRESS Grant City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 24 1933

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