

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

Do not use this space.

20195-A

1. PLACE OF DEATH

52

County Lyon
Township Lyon
City (No.) Lyon

Registration District No. 473
Primary Registration District No. 4261

File No.
Registered No.
St. Ward)

2. FULL NAME

Adolf Ernest Dickmann

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Wechter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 5 26

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

13. NAME Adolph Dickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Coridine Dickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr. Adolf Dickman

18. BURIAL, CREMATION OR REMOVAL PLACE Paulson DATE June 20 1933

19. UNDERTAKER (ADDRESS) Gen. Beck

20. FILED June 22 1933 Gen. Beck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1933

22. I HEREBY CERTIFY that I attended deceased from June 1932 to June 18 1933
I last saw him alive on June 18 1933. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Senile Dementia
arteriosclerotic type
47
135 B
162
Other contributory causes of importance: Chemia 157

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? 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?
If so, specify Dr. H. A. Schuler M. D.
(Signed) H. A. Schuler
(Address) Herald St. 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. SEP 26 1933

