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. Weber

39745

JAN 26 1934

1. PLACE OF DEATH Greene
County Greene
Township Springfield
City (No. 2020 Ramsey St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 875

2. FULL NAME Charles A. Dickerson
(a) Residence, No. 2020 Ramsey 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 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~~ Della Dickerson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1877
7. AGE YEARS 56 MONTHS 6 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
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 James J. Dickerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Della Dickerson Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cemetery DATE Dec 11 1933
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.
20. FILED 12-11 1933 Ralph W. Langston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to Dec 10th, 1933
I last saw him alive on Dec 9th, 1933. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-4-33
82A	
93D	

93C

Other contributory causes of importance:

Myocardial Insufficiency	11-10-33

Name of operation Date of
What test confirmed diagnosis? Paralysis 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) Leslie R. Webb, M. D.
(Address) Springfield, Mo.