

MAR 24 1934

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

Do not use this space.

5419

1. PLACE OF DEATH

County Jasper
Township West City
City West City (No.) St. Ward)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 17

2. FULL NAME

(a) Residence, No. 11th & Washington 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 21 1932</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>11</u>
		8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Child</u>		
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) <u>Germany</u> <u>Oregon</u>		
13. NAME <u>Gaston D. Dickson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
15. MAIDEN NAME <u>Elvina Moore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Gaston D. Dickson</u> (ADDRESS) <u>West City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoney Brook</u> DATE <u>2/10 1934</u>		
19. UNDERTAKER (ADDRESS) <u>West City, Mo.</u>		
20. FILED <u>7-9</u> 19 <u>34</u> <u>J. L. Craig</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 34 to Feb 8 34
last saw her alive on Feb 8 1934 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia

IIA

Other contributory causes of importance:

Cardiac failure

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
(Signed) R. M. Stormont, M. D.
(Address) Webb 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.

THIS IS A PERMANENT RECORD

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