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.

APR 25 1934

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

Do not use this space.

8834

File No. 1019

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 1008

Township ~~KAW~~ — Primary Registration District No.

City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME FRENCH L DICKEY

(a) Residence, No. 508 PIERCE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 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~~ MRS. RUTH PARKER DICKEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 7-1902

7. AGE: YEARS 31 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INSURANCE BUSINESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MANN, BARNUM, KERDOLFF AND WELSH INSURANCE CO.

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) KANSAS CITY MISSOURI

FATHER

13. NAME FRED L. DICKEY

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS. RUTH PARKER DICKEY 508 - PIERCE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE MARCH-5 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 3-5 1934 M M Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1934, to March 3, 1934

I last saw him alive on March 3, 1934. Death is said to have occurred on the date stated above, at 11:10 A.m.

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

	Date of onset
Streptococcal Sepsis	3/1/33
3 1/6	
Other contributory causes of importance:	
Scarlet Fever	2/26/34

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? yes

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.

Contagion - home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature], M. D.

(Address) 1024 Professional Bldg

1024 Professional Bldg.
2:40.3