MAY 25 1934

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

Do not use this space.

13925

88

1. PLACE OF DEATH
County Randolph — Registration District No. 733 — File No.
Township Saltspring — Primary Registration District No. 5967 — Registered No.
City (No. St. Ward)

2. FULL NAME John Aderson 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 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): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1845
7. AGE: YEARS 89 — MONTHS 2 — DAYS 28 — If LESS than 1 day, hrs. or min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

21 MOTHER
15. MAIDEN NAME Elizabeth Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

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17. INFORMANT (ADDRESS) Miss Grace Dickerson Huntsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville DATE April 14, 1934
19. UNDERTAKER (ADDRESS) Tom B Patton Huntsville Mo
20. FILED April 14, 1934 D A Barnhart Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1934, to April 12, 1934
I last saw him alive on April 1st, 1934 Death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
936	
97	
162	

Other contributory causes of importance: Arterial Sclerosis & Senility

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) D A Barnhart, M. D.
(Address) Huntsville 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.