JUL 2 1934

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

Do not use this space.

27975

1. PLACE OF DEATH
County Stoddard — Registration District No. 840 — File No.
Township Duck Creek — Primary Registration District No. 6102 — Registered No. 38
City — (No. ..... St. ..... Ward)

2. FULL NAME Virgill Lee Dickinson
(a) Residence, No. (Usual place of abode) Puxico Mo St., ... Ward. (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, M[redacted], WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ✓
7. AGE YEARS 7 Weeks 2 days MONTHS 1 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. —
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) Puxico Mo

FATHER
13. NAME L. B. Dickinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bliss Mo

MOTHER
15. MAIDEN NAME Alma Vanmeter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

17. INFORMANT (ADDRESS) L. B. Dickinson
18. BURIAL, CREMATION, OR REMOVAL PLACE Bowen Creek Church DATE ....., 19
19. UNDERTAKER (ADDRESS) — Wayne Co Mo
20. FILED July 7, 1934 E. L. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th, 1934.
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to July 7, 1934
I last saw him alive on July 5, 1934 Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Dysentery

Date of onset

Other contributory causes of importance:

13C

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) L. Burris, M. D.
(Address) Puxico Mo

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.

#2

Stadiard

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

38

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Virgil Lee Dickinson

Who died at _____ on July 7th - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, ~~widowed or divorced~~: _____

✓ Date of birth May 16 1934 ✓ Age: Years _____ ~~Months~~ 7 wks Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

✓ Signature of Registrar E L Hope

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M. D.

Special Agent.

Reg. Dist. No. 840

Primary Reg. Dist. No. 6102

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