

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.

16-164

OCT 17 1934

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

Do not use this space.

32872

1. PLACE OF DEATH

County Jackson
Township Lead
City Kansas City, Mo (No. 3727 Madison)

Registration District No. 899
Primary Registration District No. 1002

File No. 4200
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 504 Gladstone Pl 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude Dickerson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-31-1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>0</u>	DAYS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wood worker</u>
	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)
Shelbyville Mo

MOTHER FATHER 13. NAME John Dickerson

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

15. MAIDEN NAME Anna Rebecca Garrison

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

17. INFORMANT Mrs. D. Dickerson
(ADDRESS) 504 Gladstone Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo DATE 9/16/34, 1934

19. UNDERTAKER (ADDRESS) WEST FUNERAL HOME, INC.
3146 Main St

20. FILED 9-15, 1934 Ann Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to _____, 19_____

I last saw _____ alive on 3:30, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Coronary occlusion of the heart. Date of onset _____

Other contributory causes of importance:
AMT

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) H. H. H. H., M. D.

(Address) 710 Prof Bedy-

Dr Harris Tripp

Ha 3454

Professional Reddy

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Pm.