A. Knabb

NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 35727

Township — Primary Registration District No. 2001 — Registered No. 321

City Springfield Mo (No. 1526 W. Chestnut St. St. Ward)

2. FULL NAME Carl William Dickens

(a) Residence, No. Willard, Mo. R11 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (~~write the word~~) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Willie Mae Dickens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1897

7. AGE — YEARS 37 — MONTHS 1 — DAYS 19 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield R5 Greene Co Mo

FATHER

13. NAME W. E. Dickens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

MOTHER

15. MAIDEN NAME Viola Belle Chandler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) A. M. Dickens Ash Grove

18. BURIAL, CREMATION, OR REMOVAL

PLACE Robinson Prairie DATE Nov 1 1934

19. UNDERTAKER (ADDRESS) F. C. Thieme Springfield Mo

20. FILED 11-1 1934 R. W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Oct 30, 1934

I last saw him alive on Oct 30, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

	Date of onset
131 Edema Cerebralis	10-25-34

Other contributory causes of importance: Chronic Interstitial Nephritis, Chronic hypertension Cardio vascular disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Arthur D. Knabb, M. D.

(Address) 450½ E. Commercial St

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.