

FEB 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Gasper
Township Gochran
City He (No. 44)

Registration District No. 408
Primary Registration District No. 5563

File No. 1720
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Alice Dickerson
(a) Residence, No. Carthage 9Mc St. Mc Ward.

(Usual place of abode) County Hunt (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>5</u>	<u>10</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nc

10. Date deceased last worked at this occupation (month and year) nc 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Richard Goodwin

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

15. MAIDEN NAME Delia Brooks

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

17. INFORMANT Ther A. Truitt (ADDRESS) Carthage Mc

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Jan 29 1935

19. UNDERTAKER Wm. Drake Undertaking Co (ADDRESS) Carthage Mc

20. FILED Jan 29 1935 A. B. Colburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 28 1935

22. I HEREBY CERTIFY. That I attended deceased from Jan 11 1935 to Jan 28 1935

I last saw h. nc alive on Jan 27 1935. Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Chronic Valvular Heart Disease
Chronic Valvular Heart Disease
Chronic Valvular Heart Disease
Other contributory causes of importance: Heart Disease

Name of operation 970 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 _____ 1935

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) A. B. Colburn, M. D.

(Address) _____

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.

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