

AUG 17 1935

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township
City Brookfield

Registration District No. 496
Primary Registration District No. 3925
(No. Brookfield Hospital)

File No. 23621
Registered No. 67
St. _____ Ward _____

2. FULL NAME Vivian Ruth Dickinson

(a) Residence, No. 412 Market St. 3 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Gilbert Dickinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
18 6 9

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

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) Margeline Missouri

13. NAME Henry Wyett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdin Missouri

15. MAIDEN NAME Dora Ogle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Henry Wyett
(ADDRESS) Failed mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marceline Mo. DATE July 27, 1935

19. UNDERTAKER (ADDRESS) E. White Brookfield mo

20. FILED July 27, 1935 J. Shucas, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1935, to 7-25, 1935

I last saw her alive on 7-25, 1935. Death is said

to have occurred on the date stated above, at 11:58 P.M.

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

Pregnancy Date of onset 8-5-1934

Other contributory causes of importance Deep Cerebral Toxic Nephrosis 7-24-35

Name of operation None 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) J. Shucas, M. D.

(Address) Brookfield 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.

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FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

NOV 14 1964

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

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