

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

Do not use this space.

NOV 26 1935

33298

1. PLACE OF DEATH  
 County McDonald Registration District No. 1167  
 Township Elkhorn Primary Registration District No. 5-698  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Earl Dickers  
 (a) Residence, No. Rocky Comfort 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. 7 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, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1935  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima no  
 13. NAME Floyd Dickers  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no  
 15. MAIDEN NAME Lyon Dutcher  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

17. INFORMANT Lyon Dutcher  
 (ADDRESS) Rocky Comfort  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE Oct. 3, 1935  
 19. UNDERTAKER Betha Funeral Ho  
 (ADDRESS) Wheaton  
 20. FILED Oct. 28, 1935 Ada Balling  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935 to Oct. 2, 1935  
 I last saw him alive on Oct. 2, 1935. Death is said to have occurred on the date stated above, at 4 P m.  
 The principal cause of death and related causes of importance were as follows:

probably injury to head from forceps delivery. It never breathed normal.  
 Other contributory causes of importance:  
 160B

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) J. P. Thurmond, M. D.  
 (Address) Stella, 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.

