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.

DEC 26 1935

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

Do not use this space.

36029

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 622 Benton Blvd. St. Ward)

File No.

Registered No. [illegible]

2. FULL NAME Jacob Dick

(a) Residence, No. 622 Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Della Dick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29th. 1852

7. AGE: YEARS 83 — MONTHS 1 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): Ind.

FATHER

13. NAME: No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

MOTHER

15. MAIDEN NAME: No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): H. G. Dick, 1321 Freeman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Cem. DATE 11/9/35, 19

19. UNDERTAKER (ADDRESS): W. F. Mayberry, City

20. FILED Nov. 8, 1935 M. M. Cerone, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7th., 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Nov. 7th, 1935

I last saw him alive on Nov. 7th, 1935. Death is said to have occurred on the date stated above, at 9PM. m.

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

Chronic Nephritis

Date of onset

131

Other contributory causes of importance:

Apoplexy

Name of operation none 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? No

If so, specify

(Signed) A. S. Newlon, M. D.

(Address) 3007 Indep. Blvd. K.C. Mo.

Dr. C. S. Nicolson
3007 [illegible]
Br 0027