

MAR 19 1936

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

Do not use this space.

5712

1. PLACE OF DEATH

County Jackson
Township Boone
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 82
St. _____ Ward _____

2. FULL NAME

Annie Walker Dickinson
(a) Residence, No. 410 West Pleasant, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Quarles Dickinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) City of St. Louis Mo

13. NAME Isaac H. Jones

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

15. MAIDEN NAME Elizabeth Irwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leitchville Kentucky

17. INFORMANT (ADDRESS) C. C. Daniel 410 W. Pleasant St. Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee's Summit Mo DATE Feb 24 1936

19. UNDERTAKER (ADDRESS) Otto and Mitchell 316 W. Main St. Independence Mo

20. FILED 2-26 1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936, to Feb 22, 1936

I last saw her alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 8:30 AM.

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

Progressive coronary Fibrosis following Influenza (Meningitis?)
Chronic myocarditis
Date of onset _____

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) C. H. Allen, M. D.
(Address) Independence 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.

