

JUL 23 1936

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

Do not use this space.

19939-2

1. PLACE OF DEATH

County Lewis
Township Union
City La Grange (No., St. Ward)

Registration District No. 480 ✓
Primary Registration District No. 4289

File No.
Registered No. 13

2. FULL NAME Amanda Dickerson

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 5

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) Quincy Ill.

13. NAME Philip Peter Gross

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

15. MAIDEN NAME Catherine Waldhaus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill.

17. INFORMANT (ADDRESS) Goldie Dickerson La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE May 14th 1936

19. UNDERTAKER (ADDRESS) A.A. Roberts La Grange, Mo.

20. FILED May 14 1936 W. S. Kelley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to May 12 1936

I last saw her alive on May 10 1936 Death is said to have occurred on the date stated above, at 6:30 am

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

Acute Indigestion and Stomach

Other contributory causes of importance: Chronic Valvular Heart Disease

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? Yes

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) W. D. Owens M. D.
(Address) La Grange Mo

Handwritten scribbles and marks at the bottom left corner.

2018

Faint, mostly illegible text scattered across the page, possibly bleed-through from the reverse side. Some words like "LADIES" and "The Post" are partially visible.

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township La Grange
City La Grange (No. _____)

Registration District No. 480
Primary Registration District No. 4289

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

2. FULL NAME

Amanda Dickerson
(a) Residence, No. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or _____
57 10 5

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

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

20. FILED Oct 5 1936 W. B. Kelley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I first saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

acute indigestion
she had chronic rheumatoid heart disease & had had gastric cancer several times before this last one due to errors in diet.

Other contributory causes of importance: NO OTHER

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) N. O. Powers, M. D.
(Address) La Grange Mo

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