JUL 22 1936

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

Do not use this space.

22733

File No. .....
Registered No. 234

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township ..... — Primary Registration District No. 3019
City Independence (No. 629 So. Crysler St. .....Ward)

2. FULL NAME Grace Hobart Dickerson
(a) Residence, No. 629 So. Crysler 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 James L. Dickerson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1885
7. AGE: Years 50 — Months 9 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Leon (STATE OR COUNTRY) Kansas

FATHER
13. NAME George W. Hobart
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Melissa Strain
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT James L. Dickerson (ADDRESS) 629 So. Crysler
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE June 30 1936
19. UNDERTAKER Guy C. Carson (ADDRESS) 701 No. Pleasant St.
20. FILED 6-30-1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1936
22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....
I last saw h..... 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:
Chronic Arthritis — Date of onset .....
Other contributory causes of importance: .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Amputation 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) ..... , M. D.
(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD