

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

Do not use this space.

26205

**1. PLACE OF DEATH**

County Henry Registration District No. 314  
 Township Madison Primary Registration District No. 4190  
 City Stamberg (No.     ) St.      Ward     

**2. FULL NAME**

John P. Dickey  
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Francis Ann Dickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookkeeper  
 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) Plonia Illinois

13. NAME John Dickey

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

15. MAIDEN NAME Miller Sperry

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

17. INFORMANT (ADDRESS) Mr. Francis Dickey  
Stamberg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stamberg DATE 7/9 36

19. UNDERTAKER (ADDRESS) Walter P. Phillips  
Stamberg Mo.

20. FILED 7/8 1936 W. H. S. Smith

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19<sup>th</sup> to July 7 1936  
 I last saw him alive on July 7 1936 Death is said to have occurred on the date stated above, at 8 p.m.  
 The principal cause of death and related causes of importance were as follows:

Diabetic Coma -  
 59  
 Diabetes Mellitus

Other contributory causes of importance:

Name of operation none Date of       
 What test confirmed diagnosis? Lab. Was there an autopsy? no

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) W. H. S. Smith, M. D.  
 (Address) Stamberg, 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.

