

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

Do not use this space.

SEP 9 1936

1. PLACE OF DEATH *Greene*
 County..... Registration District No. *318*
 Townships..... Primary Registration District No. *2001*
 City..... *Springfield* No. *2050 N. Main Ave* Registered No. *25302*
 St. Ward) *656*
 2. FULL NAME *Herbert Murphy Dickey*
 (a) Residence, No. *2050 N. Main Ave* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male*
 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 *Elizabeth Dickey*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 17 - 1911*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 7 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Driver*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ice & Fuel*
 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) *Springfield Mo.*
 13. NAME *W. T. Dickey*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 15. MAIDEN NAME *Nancy Cassins*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT *Elizabeth Dickey* (ADDRESS) *Springfield Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Hickory Grove* DATE *July 29 1936*
 19. UNDERTAKER *J. W. Kingman & Co.* (ADDRESS) *Springfield Mo.*
 20. FILED *7-29-1936* *O. C. George* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28 1936*
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to *July 28 1936*
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *5:30a* m.
 The principal cause of death and related causes of importance were as follows:
His death resulted from a gunshot wound in chest self-inflicted - Suicide Date of onset
 Other contributory causes of importance:
167
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *no*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *suicide* Date of injury... *7-28, 1936*
 Where did injury occur? *at home*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *gun shot wound*
 Nature of injury *self-inflicted*
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *W. P. Patterson* M. D.
 (Signed) *W. P. Patterson* (Address) *Springfield Mo.*

Coroner of Greene County, 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.

