

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.

OCT 20 1936

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

Do not use this space.

33867

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No.
Township Carrollton Primary Registration District No. 3010 Registered No. 94
City Carrollton St. Ward)

2. FULL NAME

Martha Roberta Dickson
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Dickson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1864</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>
	DAYS <u>0</u>	If LESS than 1 day, hra. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Carroll Co. Mo.</u>		
FATHER	13. NAME <u>Josiah Roberts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Susan Clement</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Henry Dickson Carrollton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>Sept. 6, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Starkey & Sons Carrollton Mo.</u>		
20. FILED <u>9-5-36</u> <u>1936</u> <u>John Nelson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1936, to 9-4, 1936
I last saw her alive on 9-3, 1936 Death is said to have occurred on the date stated above, at 12:20 A.M.
The principal cause of death and related causes of importance were as follows:
Biliary Fistula following removal of gall stone from common duct March 30th 1936 Date of onset

Other contributory causes of importance:
1936

Name of operation Removal stone from common duct Date of 3/30/36
What test confirmed diagnosis? None 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) William B. Atwood, M. D.
(Address) Carrollton, Mo.

