

Dr. Enloe

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

Do not use this space.

DEC 18 1936

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson

(No. St. Ward)

File No. 40771
Registered No. 326

2. FULL NAME Mrs. Mary Alice Dick(a) Residence, No. 107 Madison 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>D.L. Dick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-2-1863</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>9</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. or min.		

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

12. BIRTHPLACE (CITY OR TOWN) Thamesford, Ontario
(STATE OR COUNTRY)13. NAME John Johns14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)15. MAIDEN NAME Lillias Logie16. BIRTHPLACE (CITY OR TOWN) Scotland
(STATE OR COUNTRY)17. INFORMANT D.L. Dick
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Dec-1-- 193619. UNDERTAKER John J. O'Connell
(ADDRESS) Jefferson City, Mo.20. FILED 11/30/36 1936 Missouri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1936, to 11/28, 1936

I last saw h. u. alive on 11/27/36, 19..... Death is said to have occurred on the date stated above, at 4 P. m.

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

Date of onset

Coronary artery disease 11/23/36

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) Edward Conner, M. D.(Address) Jefferson City, 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.

SEP 23 1945

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