

DEC 18 1936

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

Do not use this space.

41617

1. PLACE OF DEATH

County Jasper Registration District No. 4"
Township Jasper Primary Registration District No. 2002
City Jasper (No. 903 W. 5th) St. _____ Ward _____

2. FULL NAME

William Braxton Dickey
(a) Residence, No. 903 W. 5th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Martha Dickey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1872

7. AGE YEARS 63 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired groc.

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) Hickory Co., Mo

13. NAME Jas. Dickey

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

15. MAIDEN NAME Sophia Robert

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

17. INFORMANT (ADDRESS) Martha Dickey

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Co. Mo DATE 11/9 36

19. UNDERTAKER (ADDRESS) Anderson, Dick, Leo

20. FILED 11-18 1936 Jasper Mo

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1936

2. I HEREBY CERTIFY, That I attended deceased from November 17 1936 to Nov 17 1936

I last saw him alive on Nov 17 1936 Death is said

to have occurred on the date stated above, at 9:20 p.m.

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

Acute Heart dilatation Date of onset _____

Other contributory causes of importance: Alcoholism - 10

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2

Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____

If so, specify J. Mitchell Terry

(Signed) J. Mitchell Terry 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.

