

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JAN 19 1937

44885
5467

1. PLACE OF DEATH

County..... Jackson
Township.....
City..... Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 3938 Genesee

File No.....
Registered No.....
St..... Ward)

2. FULL NAME Harry M. Dick

(a) Residence, No. 3938 Genesee St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Zella Dick

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 Dec 29, 1936, to Dec 17, 1936

I last saw h. alive on Dec 18, 1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1892

to have occurred on the date stated above, at 2 A.M.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 20

Dr. transition
Progressive muscular atrophy
Arterio sclerosis
Date of onset Oct 1933
1933?

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

None
None
20-7?
290-

13. NAME Alvah O Dick

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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

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)

15. MAIDEN NAME Elizabeth Maul

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

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

17. INFORMANT Mrs. Zella Dick
(ADDRESS) 3938 Genesee

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL
PLACE M. Maul DATE 12-29, 1936

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

(Signed) R. L. ..., M. D.
(Address) 1636 Professional Bldg.

20. FILED 12-19-36 M. M. Crave Registrar.

9 15 31 2000

3210 2100.00 - 1103 pencil.

2-4:30