

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124Township ByrdPrimary Registration District No. 5179City Jackson, R.F.D. 3 (No. 3)

St. _____ Ward _____

2. FULL NAME August C. Dickman

(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>Male</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>Cora Laeche Dickman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>
	DAYS <u>22</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>Farming</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>Friedheim, Mo.</u>		
MOTHER FATHER	13. NAME <u>Frederick Dickman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Wilhemina Grossheider</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Alvin Dickman,</u> (ADDRESS) <u>Jackson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson, Mo.</u> DATE <u>Jan. 25, 1937</u>		
19. UNDERTAKER <u>Macke-Wilson-Howard</u> (ADDRESS) <u>Jackson Missouri</u>		
20. FILED <u>1-25-37</u> 19 <u>37</u> <u>D. G. Huber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 193722. I HEREBY CERTIFY, That I attended deceased from 1-16, 1937, to 1-23, 1937I last saw him alive on 1-23, 1937 Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

(Pneumonia (lobar)) Date of onset _____

Other contributory causes of importance:

(1) Chronic nephritis(2) Arteriosclerosis(3) Senility

Name of operation _____ 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? ✓ Date of injury ✓, 1937

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) Albert M. Ester, M. D.(Address) Jackson, Mo.

