

FEB 17 1937

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

Do not use this space.

1772

1. PLACE OF DEATH

 County Jackson
 Township Rau
 City K.C. Mo. (No. 908, Van Bunt)
Registration District No. 399Primary Registration District No. 1002

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME William Levi Dickson(a) Residence, No. 908 Van Bunt St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Dickson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Birth Room

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) Missouri13. NAME John Dickson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Margaret Wick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. Ella Dickson18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Feb 17 193719. UNDERTAKER (ADDRESS) Best Undertaker20. FILED of 1 1937 M. M. Crowe Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 193722. I HEREBY CERTIFY That I attended deceased from January 19, 1937, to Jan-29, 1937I last saw him alive on Jan. 29, 1937. Death is said

to have occurred on the date stated above, at _____ m.

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

Broncho pneumonia Date of onset 1-19-37Myocardial failure

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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? _____

If so, specify _____

(Signed) W. A. Martin, M. D.(Address) 2500 Turner Rd.

N. E. - Every item of information on this form is important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

