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

JUN 12 1937

Do not use this space.

19120

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City, Mo. (No. St. Josephs Hospital St. Ward)

2. FULL NAME Joseph Dick

(a) Residence, No. 1020 Bennington St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alta Gabrial

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/31/1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	1	21	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheffield Steel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME Catherine Baker Dick

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

MOTHER

15. MAIDEN NAME Adolph Dick

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

17. INFORMANT (ADDRESS) Jerry Dick 209 Wheeling

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton, Mo. DATE 5/24/37 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave., K. C. Mo.

20. FILED 5-22- 1937 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to May 22, 1937
I last saw him alive on May 21, 1937 Death is said to have occurred on the date stated above, at 3 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendicitis	5/14/37
Chronic myocarditis	?
Chronic nephritis	?

Other contributory causes of importance: 12 1a

Peritonitis	5/18/37
Uremia	5/19/37

Name of operation Appendectomy Date of 5/16/37
What test confirmed diagnosis? Operation Was there an autopsy? No

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)
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) Solomon S. Tarson, M. D.
(Address) 1232 Professional Bldg K.C. Mo