NOV 23 1937

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

Do not use this space.

38662

1. PLACE OF DEATH
County: St. Francois — Registration District No.: 33 — File No.:
Township: Randolph — Primary Registration District No.: 6024B — Registered No.: 14
City: Workham (No. St. Ward)

2. FULL NAME: Norman Elmo Dickson

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
4	1	13	

OCCUPATION
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.: ✓
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): Workham Mo.

FATHER
13. NAME: Roy Dickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Lucy Safford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Roy Dickson Workham Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mitchell DATE: Oct 30 1937

19. UNDERTAKER (ADDRESS): J. L. Boyer & Son Leadwood Mo

20. FILED: Nov 10 1937 W. E. Aubuchon Registrar. Per B.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1937, to Oct 29, 1937
I last saw him alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at 12:25 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset: Oct 25

Other contributory causes of importance:
Congenital heart disease

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 ....., 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) John W. Hunt, M. D.
(Address) Leadwood Mo

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.