

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Buchanan 3

Registration District No.

85

Township

City

St. Joseph

(No.

Primary Registration District No.

1001

File No.

10239

Registered No.

390

St.

Ward)

2. FULL NAME

Elizabeth Dickerson 262

(a) Residence, No.

R.O.M.O. St. Joseph MO - State Hospital # 2

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos. 26 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Caucas

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Austin Dickerson

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

Feb 8 - 1888

7. AGE

49

YEARS

MONTHS

3

DAYS

26

If LESS than 1 day, hrs. or min.

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.

Nil

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)

Texas

MOTHER / FATHER

13. NAME

Felix Thompson

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

Texas Dallas

15. MAIDEN NAME

Mary Cassey

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

Texas

17. INFORMANT (ADDRESS)

J. Austin Dickerson

18. BURIAL, CREMATION OR REMOVAL PLACE

St. Joseph MO - State Hospital # 2

DATE 4-7-38

19. UNDERTAKER (ADDRESS)

Flynn & Greenstreet

20. FILED

April 30 1938 N. J. Neaglebush

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 9 1938, to April 4 1938

I last saw her alive on April 4 1938

Death is said

to have occurred on the date stated above, at 11 A. M.

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

Infectious Heart Disease
Coronary Arteriosclerosis
Cerebral Hemorrhage

Date of case 3-3-38

Other contributory causes of importance:

24

Name of operation

Lut

Date of

What test confirmed diagnosis Autopsy Was there an autopsy yes

Autopsy

yes

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.

WHILE EXPOSED TO UNFADING INK—THIS IS A PERMANENT RECORD

1945

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