

REC'D JUN 17 1938

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

18188
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Township Independence Primary Registration District No. 4172 Registered No. _____
 (c) City _____ (d) Street No. 5406 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Agnes Marie Dickey 200
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) May 25 - 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Dunklin Co. Mo.

FATHER 13. NAME Bernie Dickey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

MOTHER 15. MAIDEN NAME Ora Shaggs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

17. INFORMANT (ADDRESS) Ms. Ora Dickey Bragg City, Mo - R118. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 5/3119. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Salmon Kennett Mo.20. FILED 6-4 1938 Walter Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to May 31, 1938.
 I last saw her alive on May 25, 1938. Death is said to have occurred on the date stated above, at 4:20 P.

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

Enterocolitis Date of onset May 20, 38

Other contributory causes of importance: _____

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? Yes
 If so, specify _____ (Signed) Walter Davis, M. D.
 (Address) Kennett Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.