REC'D JUN 17 1938

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

Do not use this space.

18617

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. ..... St., ... Ward)
Registration District No. 431
Primary Registration District No. 3023
File No.
Registered No. 50

2. FULL NAME Chas. S. Dickinson 252

(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) Dec. 17 1879

7. AGE: YEARS 58 MONTHS 5 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant.
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) Abington Va

FATHER
13. NAME Thos. J. Dickinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Jemima Fullen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) B. C. Brown Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE May 18 1938

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Warrensburg, Mo

20. FILED May 18, 1938 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938, to May 17, 1938
I last saw him alive on May 17, 1938. Death is said to have occurred on the date stated above, at 2:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreas inflammation with Fatty Degeneration	May 12

Other contributory causes of importance: 128

Name of operation Drain of pancreas Date of May 12
What test confirmed diagnosis? R.M. Was there an autopsy? Yes

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?
If so, specify
(Signed) L. J. Schofield, M. D.
(Address) Warrensburg, Mo

391

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.