

REC'D JUN 17 1938

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

18618

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township..... Primary Registration District No. 3023 Registered No. 48
 (c) City Warrensburg (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Thomas J. Dickinson

(a) Residence, No. 619 Missouri Ave. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jamima Dickinson.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April, 4, 1847.</u>		
7. AGE YEARS 91	MONTHS 1	DAYS 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Carpenter.</u>		
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) <u>VA.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Chas Dickinson.</u> (ADDRESS) <u>Warrensburg, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>May, 16, 38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Sweeney Phillips.</u> (ADDRESS) <u>Warrensburg, MO.</u>		
20. FILED <u>May 16, 1938</u> <u>Essa Henry</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 14, 1938.

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1938, to May 14, 1938I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:30 P. M.

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

was having lived 91 years Date of onset

Other contributory causes of importance:

Inauktion 162

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) L. S. Schofield, M. D.(Address) Warrensburg, 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, _____

R. D. Phillips

or by _____

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

Signed

R. D. Phillips

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, Mo.*

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.