REC'D JUL 22 1938

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

Do not use this space.

22294

File No.
Registered No. 41

1. PLACE OF DEATH
County Lewis
Township
City Canton (No. , St. Ward)

Registration District No. 477
Primary Registration District No. 4286

2. FULL NAME Allen Walker Dice 200

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17, 1858

7. AGE: Years 80 | Months 0 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Clark County Missouri

FATHER
13. NAME: Elijah Dice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Catherine White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs Byron Ingold, Canton, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Ballard Cemetery DATE June 24, 1938

19. UNDERTAKER (ADDRESS): Earl H. Barkley, Canton, Mo.

20. FILED June 24, 1938 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to June 22, 1938
I last saw him alive on June 21, 1938. Death is said to have occurred on the date stated above, at 7:30 A. M.
The principal cause of death and related causes of importance were as follows:

Valvular disease of heart

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) P. W. Lemmings, M. D.
(Address) Edinburg 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.