

REC'D SEP 9 1938

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

30181
Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 843
(b) Township Washington Primary Registration District No. 6106 Registered No. _____
(c) City _____ (d) Street No. _____
(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

Ruby Dickerson 262
(a) Residence, No. Red Springs mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) June 11 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Post office
9. Industry or business in which work was done, as saw mill, bank, etc. assistant
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) Stone co. 0

13. NAME L. B. Dickerson 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 9

15. MAIDEN NAME America Harley

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

17. INFORMANT Frank Bush
(ADDRESS) Red Springs mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monett mo DATE 8-22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Calloway Funeral Home
Monett mo.

20. FILED 8/21 1938 Nellie Irons
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Was killed in car
accident collision of
two cars on highway

Date of onset

Other contributory causes of importance: Heart

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? Accident Date of injury 8-20, 1938

Where did injury occur? Stone co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car accident

Nature of injury Throat cut

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) George H. Marlow

(Address) Crane 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 conform with the above constitutes grounds for revocation of license.)

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