

DEC 2 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County *Buchanan*

Registration District No. *1268*

Township

City *St. Joseph*

Primary Registration District No. *1001*

No. *Methodist Hospital*

File No. *38661*

Registered No. *1171*

St. _____ Ward _____

2. FULL NAME

Andrew Jackson Dice

(a) Residence, No. _____
(Usual place of abode)

Adams Tannery Ship Details Co.

(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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joséphine Dice*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 5, 1871*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Harmer*
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) *Star Field Mo.*

13. NAME *Jacob Dice*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown 9*

15. MAIDEN NAME *Ann Bell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown 9*

17. INFORMANT *Vincil Dice son*
(ADDRESS) *Colby 7 East*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Christians chapel* DATE *Nov 26, 1938*

19. UNDERTAKER *Mr. Kate Stroup*
(ADDRESS) *Washington Mo.*

20. FILED *Nov 23 1938* *X J Keedebush*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 23 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 22*, 1938, to *Nov 23*, 1938

I last saw him alive on *Nov 22*, 1938. Death is said to have occurred on the date stated above, at *4:20 pm*.

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

Pneumonia Bronchial *Nov 19-38*
1074
17

Other contributory causes of importance:
Pneumonia Secondary to acute cold. *2013 1/2 g*

Name of operation *none* Date of _____
What test confirmed diagnosis: *cleared* 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) *J H Ferson*, M. D.
(Address) *St Joseph Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X724

STATEMENT BY LICENSED EMBALMER

I, Atmore, Licensed Embalmer No. 1180
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by Atmore
or by _____, Registered Apprentice No. _____

(Signed) Atmore
Licensed Embalmer No. 1180

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