

JAN 24 1938

Atherton
45052
Do not use this space.

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

1. PLACE OF DEATH
 (a) County GREENE
 (b) Township SPRINGFIELD
 (c) City SPRINGFIELD
 (d) Street No. 1333 Summit
 (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 ANNA DOLLIA FRY DICKENS
 (a) Residence, No. 457 LOREN St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1877
 7. AGE YEARS 60 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. In Home
 10. Date deceased last worked at this occupation (month and year) -
 11. Total time (years) spent in this occupation -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1935, to 12-1, 1938
 I last saw her alive on 11-2-38, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
 Coronary Thrombosis
 Hypertension
 Other contributory causes of importance:
 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) Jean Atherton, M. D.
 (Address) E. McDaniel

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 13. NAME Joe Ferry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Louisa Jane Webb
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Mrs. Walter Kelsey (ADDRESS) 1333 Summit
 18. BURIAL, CREMATION, OR REMOVAL Hazelwood Cemetery Dec 4 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Springfield
 20. FILED 12-4-38 Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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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, *J. Roy A. Cavin*
#1763; *Warren D. Noblett #4005* & or by *Wm Max Rhodes*
Registered Apprentice No. *117*, working under my personal supervision.

Signed *J. B. Klinger*

Licensed Embalmer No. *3358*

P. O. Address *Springfield 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.