

REC'D FEB 21 1939

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

2003

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
(b) Township Independence Primary Registration District No. 2011 Registered No. 12
(c) City Excelsior Springs (d) Street No. 410 E Broadway St.
(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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Rebecca Dickson
(a) Residence, No. 410 E Broadway 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 4 | 21 | |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Mo.13. NAME Jerome Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Sarah White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) John L. Dickson
Excelsior Springs, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Jan 27 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Reichard
Excelsior Springs, Mo.20. FILED Jan 27 1939 Korue D. Barker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1939

22. I HEREBY CERTIFY that I attended deceased from Dec 18 1938 to Jan 25 1939
I last saw her alive on Jan 22 1939 Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis of heart Date of onset Known
1921

Other contributory causes of importance:

Chronic Interstitial Nephritis long standing Several years

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

23. If death was due to external causes (violence), fill in and 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? noIf so, specify John J. Grace, M. D.(Signed) John J. Grace, M. D.180 (Address) Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/29

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 comply with the above constitutes grounds for revocation of license.)

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