

REC'D FEB 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County Palk 2Registration District No. 700Township AldrichPrimary Registration District No. 4421City Aldrich (No. 1)File No. 3554Registered No. 2St. Ward

2. FULL NAME

(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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 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) Aldrich Mo 0FATHER 13. NAME Ralph Dickerson 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aldrich Mo 0MOTHER 15. MAIDEN NAME Hamie Owen 016. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aldrich Mo 017. INFORMANT (ADDRESS) Ralph Dickerson18. BURIAL, CREMATION, OR REMOVAL PLACE Phasant Ridge DATE Jan 17, 193919. UNDERTAKER (ADDRESS) J. E. Stalson Aldrich Mo20. FILED Jan 26, 1939 Vivian Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 17 - 193922. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .I last saw h. alive on , 19 . Death is saidto have occurred on the date stated above, at m.

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

Date of onset StillbornOther 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? If so, specify (Signed) W. S. Myer M. D.(Address) Aldrich 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City Aldrich (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Derrill Ray Dickerson

(a) Residence, No. 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 male 4. COLOR OR RACE white 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) Jan 17, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Aldrich Mo (STATE OR COUNTRY)

13. NAME Ralph Dickerson

14. BIRTHPLACE (CITY OR TOWN) Aldrich Mo (STATE OR COUNTRY)

15. MAIDEN NAME Hannie Owen

16. BIRTHPLACE (CITY OR TOWN) Aldrich Mo (STATE OR COUNTRY)

17. INFORMANT Ralph Dickerson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Jan 17, 1939

19. FUNERAL DIRECTOR Z. E. Toalson (ADDRESS) Aldrich Mo

20. FILED Jan 30, 1939 Vyna Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1939

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

I last saw h. alive on X, 19..... Death is said to have occurred on the date certified above, at.....m. The principal cause of death and related causes of importance were as follows:

Stillborn
 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?
 If so, specify W. T. Myers
 (Signed) W. T. Myers, M. D.
 (Address) Aldrich Mo

OCCUPATION
 FATHER
 MOTHER

SUPPLEMENTARY

Date of onset

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

S-3554