REC'D MAY 10 1939

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

13742
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City, Missouri (d) Street No. Research Hosp 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.

Registration District No. 395
Primary Registration District No. 1002
Registered No. 1496

2. PRINT FULL NAME Walter Lee Dickinson
(a) Residence, No. 255 North K.C., Mo. R.F.D. 5 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Agusta Dickinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13, 1880

7. AGE: Years 58 | Months 3 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Signalmen
9. Industry or business in which work was done, as saw mill, bank, etc. for C.B. & Q. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME W. T. Dickinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Nancy Galbraith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Agusta Dickinson
(ADDRESS) North Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty, Mo. DATE April 9, 39

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
(ADDRESS) North Kansas City, Mo.

20. FILED Apr 8, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to April 6, 1937
I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Lung Abscess — Date of onset Feb 1st
114 B'

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation none Date of
What test confirmed diagnosis? Clinically Was there an autopsy? yes

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) M. D. Hughes M. D.
(Address) 1-0 Hughes Cty 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.

(Licensed Embalmer's Statement on Reverse Side)

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, Personally, or by

Registered Apprentice No....., working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address No Ke Mo

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

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