

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.

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

19542
Do not use this space.

REC'D JUN 13 1939

1. PLACE OF DEATH

(a) County Kelaski Registration District No. 711
(b) Township Union Primary Registration District No. 5940 Registered No. 62
(c) City Dixon (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 250 Maria P. Dickson

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert C. Dickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>8</u>	<u>28</u>	

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) New York

13. NAME John Wynn Ross

14. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY) _____

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY) _____

17. INFORMANT Mrs. C. A. Elliott (ADDRESS) Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paul St. Louis DATE _____

19. FUNERAL DIRECTOR (NAME) Fred W. Gilbert (ADDRESS) Dixon, Mo.

20. FILED May 30 1939 A. S. Lick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1939, to 5/22, 1939. I last saw her alive on 5/22, 1939. Death is said to have occurred on the date stated above, at 2 a. m.

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

Mitral Insufficiency Date of onset _____

Other contributory causes of importance: 92

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) O. J. Crider, M. D.
Dixon, Mo. (Address) 539

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.