

1939 JUL 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Grundy*Township *Menlo*

City (No.) St. Ward (No.)

Registration District No. *328*Primary Registration District No. *3489*File No. *22199*

Registered No.

2. FULL NAME

(a) Residence, No. *P. O. #3*

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

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 *Madie Walfer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7 - 1887*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. of min.

*51**11**7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

*Farmer*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Grundy County, Mo*13. NAME *August Dickman*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Lena Brocksmith*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*17. INFORMANT *Mrs Fred Beckman*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Roller Cemetery* DATE *4-16-1939*19. UNDERTAKER *Hemlock Funeral Home*(ADDRESS) *Wenton, Missouri*20. FILED *4-16-39 Irene Bauer*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 14th 1939*22. I HEREBY CERTIFY, That I attended deceased from *March 29th 1939*, to *April 14th 1939*I last saw him alive on *April 14th 1939*. Death is said to have occurred on the date stated above, at m.

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

~~Perforated Peptic Ulcer~~*Peritonitis* *Mar 29th 1939*Other contributory causes of importance: *Perforated Peptic Ulcer*Name of operation *none* Date of m.What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

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) *Cliver F. Deffen* M. D.(Address) *Wenton, Mo**300*

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.

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

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