DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18525

State File No. 32

Registration District No. 614 Primary Registration District No. 45 55 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Granby
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Granby, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community About 2½ Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME William Comodore Dickson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Dickson

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. (Month) 4th (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	10	hr. min.

9. Birthplace Benton Co. (City, town, or county) Arkansaw (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name Henry J. Dickson
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Clark
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Estella Dickson
(b) Address Granby, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Corsicana Cem

18. (a) Signature of funeral director Wm Morris Pogue
(b) Address Wheaton, Mo.

19. (a) May 16-41 (Date received local registrar) (b) LeRoleus. M.D. (Registrar's signature)

5/17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1941 hour About 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Cut his throat with a knife

Due to

Due to

164

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence
(c) Where did injury occur? Granby (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? (e) Means of injury

23. Signature J. R. Reynolds (M. D. or other) Coroner
Address Neosho Mo Date signed 5/15-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 6,
District File Number 641-938
Date Filed JUN 13 1941

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheatland, Mo.

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.