

FILED OCT 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29518

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 315

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wayne T.S.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wayne T.S.</b>	
c. LENGTH OF STAY (in this place) <b>5 mo</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1017 Locust ST</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Nila</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>Dickinson</b>	<b>9 11 49</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 18 1895</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Harris Ky.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Thomas Logan</b>	13b. MOTHER'S MAIDEN NAME <b>Presillia Thacker</b>	14. NAME OF HUSBAND OR WIFE <b>Ben F. Dickinson,</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ben F. Dickinson Sturdivant Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis liver.</b>		DUE TO (b) <b>unknown</b>		<b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				<b>5870</b>

19a. DATE OF OPERATION <b>about June 1, 1949</b>	19b. MAJOR FINDINGS OF OPERATION <b>Hard contracted Liver.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May**, 1949, to **9-11**, 1949, that I last saw the deceased alive on **9-11**, 1949, and that death occurred at **2 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward D Campbell</b>		23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>9-16-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9 13 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cato</b>	24d. LOCATION (City, town, or county) (State) <b>2 mi. East of Arab Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-19-1949</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Service Bureau Mo</b>		

