FEB 18 1928

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

Do not use this space.

27

File No.

Registered No.

1. PLACE OF DEATH

County Andrew Registration District No. 8

Township Primary Registration District No. 4003

City Amazonia, (No. Amazonia, Missouri. St. Ward)

2. FULL NAME Louis Jacob Dick,

(a) Residence. No. Amazonia, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Ann Dick,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	70	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Switzerland,

PARENTS

10. NAME OF FATHER Jacob Dick,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Switzerland,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. L. J. Dick
(Address) Amazonia, Missouri.

15. FILED 1-28, 1928. J. W. Holcomb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Jan. 24, 1928, that I last saw him alive on Jan 18, 1928, and that death occurred, on the date stated above, at 11:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bladder
51.B 49
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. L. Rees, M. D
Jan 28, 1928 (Address) Amazonia Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Amazonia, Mo. Cem. St. John's Reformed Church	Jan. 28th 1928.
20. UNDERTAKER Frank A. Bowman	**ADDRESS** Savannah, 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.

THIS CERTIFICATE IS A PERMANENT RECORD