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

Do not use this space. 9

32641

1. PLACE OF DEATH

County Andrew Registration District No. 13 5017 File No. 81

Township Jefferson, Primary Registration District No. Registered No.

City (No. 3 1/2 Mile S.W. of Savannah, Mo. St. Ward)

2. FULL NAME Mary Anna Dick,

(a) Residence. No. 3 1/2 M. S.W. Savannah St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 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)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Louis J. Dick,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 4, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	67	2	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(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 John Wyss,

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) Switzerland

14. INFORMANT Mrs. Casper Bissig
(Address) Savannah Missouri.

15. FILED Oct 27, 19 28 C O Pyburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Oct 23, 1928 that I last saw h. alive on Oct 22, 1928, and that death occurred, on the date stated above, at 6:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

7/11 9/16

(duration) 7 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? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) P P Pilley, M. D

10-24, 1928 (Address) Savannah 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 Reformed Church Cemetery Amazonia, Missouri.

DATE OF BURIAL Oct. 25, 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.

V-20 1928 PERMANENT RECORD