

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.

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

Do not use this space.  
**35264**

1. PLACE OF DEATH

County Andrew  
Township Rochester  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 16  
Primary Registration District No. 5020

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. Alice Charlotte Dick St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Posby Mo.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>_____</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 2. 9 P.M. 30</u>		
7. AGE	YEARS	MONTHS
		DAYS
	If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Posby Mo.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Carl Edward Dick</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Annua City Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Anna Kittison</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo</u>

14. INFORMANT Carl Edward Dick  
(Address) Posby Mo.

15. FILED Nov 2, 1930 Mrs. Betty Bogges  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 9 P.M. 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1930 to Nov 2 1930  
11/2 9 P.M. 1930 that I last saw him alive on Nov 2 1930, and that death occurred, on the date stated above, at Nov 2 9 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Congenital Disease of heart

15'10" (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 15'10" 13 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. L. Allen, M. D.  
11/2 1930 (Address) Posby 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 Savannah DATE OF BURIAL Nov 3, 1930

20. UNDERTAKER None ADDRESS \_\_\_\_\_

