

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

Do not use this space.

19546

JUL 22 1935

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
 Townshp Clinton Primary Registration District No. 5488  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 88  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Emily Peyton Dickenson  
 (a) Residence, No. 528 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OF 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 1892</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>5</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>selling work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Missouri</u>		
13. NAME <u>C C Dickenson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W Va</u>		
15. MAIDEN NAME <u>Mattie Park</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Jas a Park Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ch Englewood</u> DATE <u>6-16-35</u>		
19. UNDERTAKER (ADDRESS) <u>Concepcion &amp; Beck's Clinton Mo</u>		
20. FILED <u>6-25-35</u> <u>J. R. Hampton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1935

22. I HEREBY CERTIFY, that I attended deceased from June 10 1935 to June 14 1935  
 I last saw h. or alive on June 14 1935 Death is said to have occurred on the date stated above, at 9:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
Bronchopneumonia  
 Date of onset 6-9-35

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) James O Smith, M. D.  
 (Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

