

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

Do not use this space.

2888

1. PLACE OF DEATH
 County Hennip Registration District No. 347
 Township Clinton Primary Registration District No. 3015
 City Clinton (No. _____ St. _____ Ward _____)
 2. FULL NAME Clement Cabell Dickerson 252
 (a) Residence, No. South 2nd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Dickerson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1849
 7. AGE YEARS 88 MONTHS 1 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Congressman
 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) Prince Edwards Co. Va
 13. NAME Asa D Dickerson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northway Co. Va
 15. MAIDEN NAME Julia Irvine
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) to Va
 17. INFORMANT (ADDRESS) Mrs Matilda Dickerson Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1-16 1938
 19. UNDERTAKER (ADDRESS) Consolys & Beck Clinton Mo
 20. FILED Jan 15 1938 J. R. Hampton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1938
 22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1937, to 1-14, 1938
 I last saw him alive on 1-14, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Aspartatic pneumonia Date of onset 1-14-38
 Other contributory causes of importance: 1860 Fall 12-14-37, Confusing this to bad 12-14-37
 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? accident Date of injury 12-14 1937
 Where did injury occur? his home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury injury to hip & chest
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. R. Hampton, M. D.
 (Address) Clinton Mo

U. S. - Every item of information should be carefully supplied. A GE should be stated EXACTLY as it appears on the original record. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

136a

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2888

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Primary Registration District No. 3018 Registered No.
 (c) City Clinton (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clement Cabell Dickinson

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the day stated above, at m.

The principal cause of death and related causes of importance were as follows:

hypostatic pneumonia Date of onset

18/18

Other contributory causes of importance:
Fall 12-14-37 confining him to bed

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? accident Date of injury 12-14-1927

Where did injury occur? his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury injury to hip & chest

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Walker, M. D.

(Address) Clinton Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938

S-2888