

Feb 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Lower
City Hodge (No. _____)

Registration District No. 460
Primary Registration District No. 5623

File No. 1732
Registered No. 9
St. _____ Ward _____

2. FULL NAME

John Dickerson

(a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS 30 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Farm

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) 1-23-34 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Princeton (STATE OR COUNTRY) Mo

MOTHER 13. NAME A. T. Dickerson

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

MOTHER 15. MAIDEN NAME Levin Detaney

16. BIRTHPLACE (CITY OR TOWN) Meriden Co Mo (STATE OR COUNTRY) Mo

17. INFORMANT Levin Dickerson (ADDRESS) W. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 1/26-34

19. UNDERTAKER H. J. Mumshay (ADDRESS) H. J. Mumshay

20. FILED 1-26-1934 Dr. W. A. Braecklein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Gun shot wound in fore head, (Self inflicted) 22 caliber Rifle.
1195B

Date of onset

Other contributory causes of importance: Whiskey 167

Name of operation _____ Date of _____
What test confirmed diagnosis? gunshot Were there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 7-24, 1934

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

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

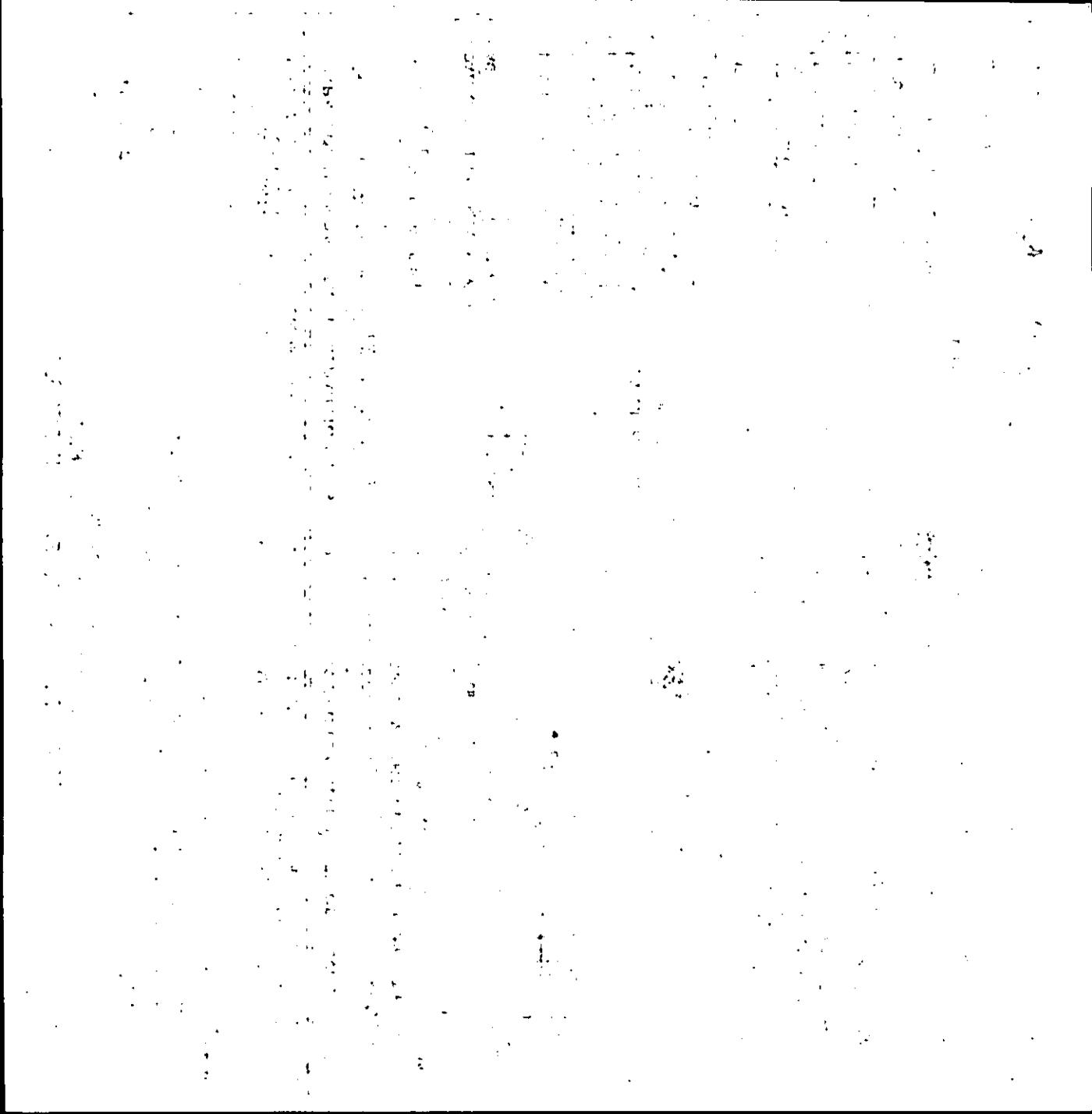
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Dr. J. Hurston Croner

(Address) Cameron, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Stover
City (No. ,)

Registration District No. 460
Primary Registration District No. 5623

File No. 1732
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 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) June 6 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19__ (No. 6 years) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19__ to _____, 19__

I last saw h. alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

5-1732