

Wm Mitchell

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

Do not use this space.

13833

13833

File No. _____
Registered No. 61 St. _____ Ward _____

1. PLACE OF DEATH

County Polk
Township _____
City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 4403

2. FULL NAME

Mrs Katherine C. Dykes

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Wm Dykes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-6-1888</u>		
7. AGE <u>7</u>	YEARS <u>46</u>	MONTHS <u>12</u>
DAYS <u>12</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)
Rolla Mo.

MOTHER FATHER 13. NAME Jas. L. Kelley

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

MOTHER 15. MAIDEN NAME Martha J. Dykes

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

17. INFORMANT Mrs Dykes (ADDRESS) Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Cemetery DATE 4/19 1934

19. UNDERTAKER Harry R. McCaw (ADDRESS) Rolla, Mo.

20. FILED April 18, 1934 Jos. F. Cyers Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1934, to Apr 18 1934
I last saw her alive on Apr 18 1934. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 3-25-34
107A

Other contributory causes of importance: 157M

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? NO

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) W R Mitchell M. D.
(Address) Rolla 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.

JUN 25 1934

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

[Illegible text block]

[Illegible text block]