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.

JUL 2 2 1935

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

Do not use this space.

19974

1. PLACE OF DEATH
County JACKSON — Registration District No. 3[illegible] — File No.
Township ~~KAW~~ — Primary Registration District No. [illegible] — Registered No. 2619
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME JOHN E DICKSON
(a) Residence, No. 4831 LIBERTY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. 10 mos. 15 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~~ MRS. MINNIE E. DICKSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-12-1891
7. AGE: YEARS 43 — MONTHS 10 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PALMOLIVE CO.
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) KANSAS CITY MISSOURI

FATHER
13. NAME JOHN T. DICKSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME MARGARET MITCHELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) MRS. MINNIE E. DICKSON 4831 LIBERTY ST.
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 6/28 1935 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 27 1935
22. I HEREBY CERTIFY, That I attended deceased from 6-19 1935, to 6-27 1935
I last saw him alive on 6-27-35, 19.... Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Periotinitis	6-20-35
following Perforated	
Appendix	

Other contributory causes of importance:

Name of operation affidavit Date of 6-19-35
What test confirmed diagnosis? Was there an autopsy? yes

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) C. A. McGuire, M. D.
(Address) 1424 Prof Bldg

1424 Professional Bldg
11:15 - 1 ; 2 - 4