AUG 12 1938

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

Do not use this space.

85

22184

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 737

City: St. Joseph, Mo. (No. 2111, No. 2nd St. Ward)

2. FULL NAME: Mrs. Amy Dykes

(a) Residence, No. 2111 No. 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James D. Dykes (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 10, 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	11	2	

OCCUPATION

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

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): Unknown (STATE OR COUNTRY): Unknown

FATHER

13. NAME: Mr. Hoskins

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Mrs. Hobart M. Pinger (ADDRESS): St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Auburn Cem. DATE: 7/14/35, 19

19. UNDERTAKER: FLEEMAN MORTUARY, INC. (ADDRESS): 1946 Calhoun St.

20. FILED: 7-13, 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1935

22. I HEREBY CERTIFY That I attended deceased from March 15, 1935, to July 12, 1935. I last saw her alive on July 12, 1935. Death is said to have occurred on the date stated above, at 10:34 a.m. p.m.

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

	Date of onset
Carcinoma of rectum & (just inside sphincter) adeno-carcinoma	Not known

Other contributory causes of importance: Carcinomatosis

Name of operation: Colostomy — Date of: 3-18-35

What test confirmed diagnosis? Clinical — 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) C. C. Lemon, M. D.

(Address) St. Joseph, 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD