

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

Do not use this space.

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1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 2219
 Township Gulton Primary Registration District No. 3008 Registered No. 4
 City Gulton (No.) St. Ward)

2. FULL NAME

Mary Frances Dickson (a) Residence, No. Stateville Mo. 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. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>4</u>	<u>09</u>	

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) (STATE OR COUNTRY) Macon County, Mo.

13. NAME Abraham Dale

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

15. MAIDEN NAME O.K.

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

17. INFORMANT Atop Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Humboldt DATE Jan 8 1938

19. UNDERTAKER Tom B. Patton (ADDRESS) Humboldt Mo

20. FILED 1/6/38 1938 R. N. Sneed Registrar. (Address) 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1937, to Jan 6, 1938

I last saw him alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 2 P.M.

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

Chr myocarditis
Senility
Coronary atherosclerosis

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause, 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 home, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. J. Cramer M. D. M. D.
Gulton, Mo (Address)

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.

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