

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

2633  
Do not use this space.

1. PLACE OF DEATH *Union*

(a) County *Union* Registration District No. *282*

(b) Township *Union* Primary Registration District No. *0401* Registered No. \_\_\_\_\_

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Essie R Dickens 252*

(a) Residence, No. *Campbell Ave.* St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Fem* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 19 1912*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>25</i>	<i>2</i>	<i>1</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Home keeping*

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 20 1938*

22. I HEREBY CERTIFY that I attended deceased from *Jan 18 1938* to *Jan 20 1938*.  
I last saw him alive on *Jan 20 1938*. Death is said to have occurred on the date stated above, at *11 P* m.

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

*Streptococcus Sore throat*

Date of onset *1/19/38*

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *115* 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 *W J Rutledge*  
(Signed) *W J Rutledge*, M. D.  
*Campbell* (Address) *257*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo Ky*

FATHER

13. NAME *John Dickens*

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

MOTHER

15. MAIDEN NAME *Mattie Dawson*

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

17. INFORMANT *Father*  
(ADDRESS) *Campbell Mo*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Older Care* DATE *Jan 22 1938*

19. FUNERAL DIRECTOR *Dawson Funeral Home*  
(ADDRESS) *Campbell Mo*

20. FILED *1/21 1938* *Campbell*  
Local Registrar. *257*

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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RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....  
L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

.....  
Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**