

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

17101
Do not use this space.

REGD JUN 12 1939

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1008
(c) City 1 (d) Street No. Residence Registered No. 4635
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Lucille Dickson
(a) Residence, No. 1921 Pear Franklyn St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gen. Dickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-6-1895

7. AGE YEARS 43 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Gorak (STATE OR COUNTRY) Ark. 1

FATHER

13. NAME Rush Hawkin 1

14. BIRTHPLACE (CITY OR TOWN) ark. 1 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mat Hays

16. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Genn

17. INFORMANT Odesa Pethis (ADDRESS) 1921 P. Franklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Washing Park DATE 5-23 1939

19. FUNERAL DIRECTOR A.D. Richardson (ADDRESS) 2625 5th ave

20. FILED MAY 22 1939 J.B. Bruleck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1939

22. HEREBY CERTIFY, That I attended deceased from May 10 1939, to May 17 1939
I last saw him alive on May 17 1939. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:
mitral insufficiency Date of onset 11/16/10
131

Other contributory causes of importance:
Chronic Parenchymatous Nephritis

Name of operation none Date of no
What test confirmed diagnosis none 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?
If so, specify no
(Signed) R. Moore M.D.
(Address) 1776 Franklyn

WHILE EXAMINING WITH OBTAINING 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.

I X1264

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2928
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME
_____ L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 2928

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.)