DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24604

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 721

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Savannah Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Methodist Hospital (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jahue Nathan Dickson 250

3. (b) If veteran, name war ----- 3. (c) Social Security No. ------

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sallie Dickson 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 8 (Month) 25 (Day) 1862 (Year)

8. AGE: Years 77 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Sulivan (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Nathan Dickson
13. Birthplace Kingsport (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Minerva Brown
15. Birthplace Jonesburrow (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature Mrs. Sallie Dickson
(b) Address Savannah Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit 85
(b) Address Savannah Mo.

19. (a) 7/7/40 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1940 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from June 28, 1940 to July 5, 1940; that I last saw him alive on July 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Labor pneumonia Rt.	3 days
Due to Perforated duodenal ulcer	27
Due to Chronic hypertension prostatic hypertrophy with obstruction	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations June 28 Perforated duodenal ulcer with peritonitis.
Of autopsy No.

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature H. S. Sanford (M. D. or other)
Address St Joseph Mo Date signed 7-6-40

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, M

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

If this body is not embalmed, above space should be left blank.