

FILED JUL 13 1942

State File No. _____

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 91

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 415 N. Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years. (Specify whether years, months or days)

In this community 37 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 415 N. Monroe 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM-KNOX-DICKS

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex m 5. Color or race w.

6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife Nora Dicks

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 23, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Eversonville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired Blacksmith

MOTHER FATHER

12. Name Joseph Dicks

13. Birthplace unknown - Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Maude Knox

15. Birthplace unknown - Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Dicks

(b) Address Brookfield

17. (a) Burial (b) Date thereof June 27, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem - Brookfield

18. (a) Signature of funeral director Will Chapel

(b) Address Brookfield

19. (a) 6-26-42 W.W. Cowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-10-42 to 6-24-42
that I last saw him alive on 6-24-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Alcoholism

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. W. Cowan (M.D. or other) _____
Address Brookfield Mo. Date signed 6/26/42

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