

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JAN 24 1938

1. PLACE OF DEATH

County St. Francis  
Township Liberty  
City Keok-Lee (No. \_\_\_\_\_)

Registration District No. 1115  
Primary Registration District No. 6021

File No. 46597  
Registered No. 20 Ward \_\_\_\_\_

2. FULL NAME

Samuel L. Dickey

(a) Residence, No. \_\_\_\_\_ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie (Edders) Dickey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1937, to Dec 23 1937

I last saw him alive on Dec 19 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Date of onset \_\_\_\_\_

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

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 \_\_\_\_\_

Other contributory causes of importance: None

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffman Mo

13. NAME David D. Dickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Rebecca J. Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

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 \_\_\_\_\_

17. INFORMANT Charles E. Dickey  
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Liberty Hill Cem DATE Dec 26 1937

19. UNDERTAKER Spindert and Co  
(ADDRESS) Farmington Mo.

20. FILED 12/26 1937 H. A. Rydeen  
Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Chas E Dickey, M. D.  
(Address) Farmington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

109