

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

Do not use this space.

804

**1. PLACE OF DEATH**

County Cooper  
Township Prairie Home  
City (No. ....) (St. .... Ward)

Registration District No. 224  
Primary Registration District No. 4137

File No. ....  
Registered No. V  
St. .... Ward)

**2. FULL NAME**

Paul James Dick

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
31

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John H. Dick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Hoffmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) John H. Dick Prairie Home Mo

15. FILED 1-29-29 98 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1929

17. I HEREBY CERTIFY that I attended deceased from 1-29 1929 to 1-27 1929 that I last saw him alive on 1-27 1929, and that death occurred, on the date stated above, at 2:00 a.m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS:  
Influenza  
Broncho pneumonia  
(duration) .... yrs. .... mos. 3 da.

CONTRIBUTORY (SECONDARY) NO (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

19. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. Wendt, M. D.  
1-29 1929 (Address) Prairie Home Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Adron Cem 1-30 1929

20. UNDERTAKER ADDRESS  
P. Albert Hornbeck Prairie Home Mo.

FEB 21 27 0 0  
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.  
WRITE PLAINLY, WITH OMPENDING INFORMATION IS A PERMANENT RECORD

