

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

Do not use this space.

1841

1. PLACE OF DEATH

County Moniteau
Township Willowfork
City Dipton (No. _____ St. _____ Ward _____)

Registration District No. 575
Primary Registration District No. 4339

File No. _____
Registered No. _____

2. FULL NAME

Peter Dick

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17-1842</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>5</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1905</u>	
	11. Total time (years) spent in this occupation <u>42</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
FATHER	13. NAME <u>not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 31/1	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Wm Kline</u> (ADDRESS) <u>Dipton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic's County</u> DATE <u>1/13</u> 19 <u>32</u>		
19. UNDERTAKER <u>S. B. Shuff</u> (ADDRESS) <u>Dipton Mo.</u>		
20. FILED <u>1/11</u> 19 <u>32</u> <u>Mrs. Sarah Fry</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1932 to Jan 10 1932
I last saw h. Jan 10 1932 alive on Jan 10 1932 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia 11/3/32

Other contributory causes of importance:
none

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____
(Signed) S. H. Redman M. D.
(Address) Dipton Mo.

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.

FEB 24 1932

