

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.

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

Do not use this space.

26263

File No. 3171  
Registered No. 3171  
St. Ward

## 1. PLACE OF DEATH

County JACKSON Registration District No. 399  
Township KAW Primary Registration District No. 1002  
City KANSAS CITY (No. 622, BENTON)

## 2. FULL NAME

ROBERT T. DICKERSON

(a) Residence, No. 5529 HOLMES St. 6 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN		
7. AGE YEARS 81	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) CALIFORNIA	1
	(STATE OR COUNTRY) MISSOURI	
FATHER	13. NAME UNKNOWN DICKERSON	
	14. BIRTHPLACE (CITY OR TOWN) UNKNOWN	31
MOTHER	15. MAIDEN NAME MARTHA J. GIER	
	16. BIRTHPLACE (CITY OR TOWN) MISSOURI	1
	17. INFORMANT MRS. JULIUS A. BRASLUS	
	(ADDRESS) 658 WEST 70TH ST. IRRAD	
	18. BURIAL, CREMATION, OR REMOVAL PLACE CALIFORNIA, MO. DATE Aug. 19, 1932	
	19. UNDERTAKER D.W. NEWCOMER & SONS	
	(ADDRESS) KANSAS CITY, MISSOURI	
	20. FILED Aug. 17, 1932 M. M. Grove	
	Registrar	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Aug. 15, 1932. I last saw him alive on Aug. 15, 1932. Death is said to have occurred on the date stated above, at 11:18 A.M.

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

Cardio-vascular nephritis  
131 152B 152C

Other contributory causes of importance:

Uraemic Coma 8-14-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) C. S. Newton, M. D.

(Address) 3607 Independence Blvd., K. C., Mo.

3007 Independence Ave.