

Size 8 1/2 x 7 1/4

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Shelby</u>		STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH		7086	
Civil Dis. <u>Fifth</u>		Registration District No. ....		File No. ....	
Village .....		Primary Registration District No. <u>28005</u>		Reg. No. <u>1162</u>	
City <u>Memphis</u>		(No. <u>Veterans Administration Facility</u> Ward)			
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
Length of residence in city or town where death occurred.....yrs. <u>5</u> mos. <u>15</u> ds. How long in U. S. if of foreign birth?.....yrs.....mos.....ds.					
2. FULL NAME <u>Franklin G. Dickinson</u> C. No. <u>511 418 Pvt. Co. I 330th. Inf.</u>					
(a) Residence: No. <u>Burnsville, Mississippi</u> St., ..... Ward. <u>NON RESIDENT</u>					
(Usual place of abode) (If death occurred in a hospital or institution, give its NAME instead of street and number)					
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>Bessie Blakney Dickinson</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 18, 1894</u>					
7. AGE		Years		Months	
		<u>41</u>		<u>0</u>	
		Days		If LESS than 1 day, .....hrs. or.....min.	
		<u>8</u>		<u>8</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
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. <u>Unknown</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Mississippi</u>					
13. NAME <u>William Patton Dickinson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Alabama</u>					
15. MAIDEN NAME <u>Martha Hyde Dickinson</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Alabama</u>					
17. INFORMANT <u>Patient on Admission to Hospital</u> (Address) .....					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burnsville, Miss.</u> Date <u>March 27, 1935</u>					
19. UNDERTAKER <u>J. T. Hinton &amp; Son, Inc.</u> (Address) <u>1160 Union Ave., Memphis, Tenn.</u>					
20. FILED <u>3-30-1935</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>March 26, 1935</u> , 19.....					
22. I HEREBY CERTIFY, That I attended deceased from <u>October 12</u> 19..... <u>34</u> to <u>March 26, 1935</u> 19.....					
I last saw him alive on <u>March 26, 1935</u> , death is said to have occurred on the date stated above, at <u>5:10 PM</u>					
The principal cause of death and related causes of importance in order of onset were as follows:					
<u>Endocarditis Acute Ulcerative (autopsy)</u> Date of onset <u>Septicemia</u> <u>2-26-35</u>					
Contributory causes of importance not related to principal cause: <u>184</u> <u>Osteomyelitis Left Femur result</u> <u>Gunshot Wound (10-6-1934)</u>					
Name of operation.....Date of.....					
What test confirmed diagnosis?.....Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Unknown</u> 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 <u>Unknown - information refused</u>					
Nature of injury <u>by patient on admission.</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>Unknown</u> If so, specify.....					
(Signed) <u>I. R. WAGNER, M.D., Manager</u> M. D. <u>Veterans Administration Facility</u> (Address) <u>Memphis, Tennessee</u>					