SEP 26 1927

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

Do not use this space.

23685

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 1510 Elwood St. St. Ward)
File No. 149
Registered No.

2. FULL NAME William M. Nixon
(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 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Melissa Nixon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb, 14, 1855

7. AGE: Years 72 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Elevator operator,
(b) General nature of industry, business, or establishment in which employed (or employer): retired 5 yrs.
(c) Name of employer: Tootle Campbell Dry Gds. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Page Co, Iowa.

PARENTS
10. NAME OF FATHER: John Nixon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.
12. MAIDEN NAME OF MOTHER: Elizabeth Dennison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

14. INFORMANT: Mrs. Melissa Nixon
(Address): 1510 Elwood St.

15. FILED AUG 24 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug, 23, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Nov, 19 25, to Aug 23, 1927, that I last saw him alive on Aug 23, 1927, and that death occurred, on the date stated above, at 11.55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of Liver and Gall Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes
DID AN OPERATION PRECEDE DEATH? None DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. S. Long, M. D
Aug 24, 1927 (Address) 822 Edmond St.

*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: Ashland Cemetery
DATE OF BURIAL: Aug, 26, 1927

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Farann St.

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.