MAY 29 1928

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

Do not use this space.

12454

1. PLACE OF DEATH

County: Butler — Registration District No.: 84

Township: Poplar Bluff — Primary Registration District No.: ~~[illegible]~~ 5137

City: ..... (No. ....., ... St. ..... Ward)

File No.: .....

Registered No.: 91

2. FULL NAME: Raymond Eugene Dixon

(a) Residence. No. R7 D #2 Poplar Bluff 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. ..... 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): single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 10 – 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or ..... min.
		1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Baby.

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Poplar Bluff, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Harland Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Near Poplar Bluff
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Lena Porter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): White Country
(STATE OR COUNTRY): Ill.

14. INFORMANT: Harland Dixon
(Address): Poplar Bluff, Mo R. #2

15. FILED: 4/14, 1928 — Dr B J Cline, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to April 11, 1928, that I last saw h— alive on April 11, 1928, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Cerebrum
Foramen Ovale
Premature

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 5 5 6

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ?

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D

4/12, 1928 (Address) Poplar Bluff 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: City Cemetary Poplar Bluff

DATE OF BURIAL: Apr. 11 1928 2 P.M.

20. UNDERTAKER: A W Green

ADDRESS: Poplar Bluff 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.

WRITE PLAINLY, WITH UNFADING INK. [illegible]