

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

Do not use this space.

39837-C

1. PLACE OF DEATH

County Cedar
Township Jefferson
City Marion (No.)

Registration District No. 165
Primary Registration District No. 0230

File No.
Registered No. 20
St. Ward

2. FULL NAME

Jacob Dixon

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 15, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

75

6

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hammville

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Albert Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Hammville

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Mellie Beason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

MO

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Luken Dixon

Stockton Mo.

15.

FILED

Feb. 28

E. S. Smith

REGISTRAR

May Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

12-21 1928

17.

I HEREBY CERTIFY, That I attended deceased from 11-2-28

, 1928 to 12-21, 1928.
that I last saw him alive on 12-18, 1928, and that
death occurred, on the date stated above, at 5 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma, Intestine.

46c

CONTRIBUTORY (SECONDARY)

45

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) G. B. Stewart, M. D.

, 19 (Address) Stockton 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

DATE OF BURIAL

Alder Cemetery

12-22 1928

20. UNDERTAKER

ADDRESS

Davis and Co

Stockton

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.

