OR 30 1929

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

Do not use this space.

11915

1. PLACE OF DEATH

County: Polk — Registration District No. 703

Township: Johnson — Primary Registration District No. 5932

City: ~~Humansville~~ (No. 4434 ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME George L. 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. ..... 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): May 8 1859

7. AGE: Years 69 — Months 10 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Zimra Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: America Hopper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Delphia Dixon
(Address) Humansville, Mo

15. FILED 3-31, 1929 J. L. Mabry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 28, 1929, to Mch 29, 1929, that I last saw h. alive on Mch 29, 1929, and that death occurred, on the date stated above, at 9 40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilitation of Heart. 95B (duration) ..... yrs. ..... mos. 12 hrs ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Sim

(Signed) R. A. Nevins, M. D

Mch 29, 1929 (Address) Humansville 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 Cemetery — DATE OF BURIAL: Mar. 31 1929

20. UNDERTAKER: R. A. Joseph — ADDRESS: 3149

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.