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

Do not use this space.

12672

File No. 5206

Registered No.

1. PLACE OF DEATH

County

Registration District No. 2801

Township St. Louis

Primary Registration District No. 1003

City (No. City Hospital #2 St. Ward)

2. FULL NAME Alma Dixon

(a) Residence. No. 2823 Walnut St., 28 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

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) July 28, 1920

7. AGE: Years 8 | Months 7 | Days 13 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Sherman Dixon

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

12. MAIDEN NAME OF MOTHER Ritter Tate

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

14. INFORMANT Alma F. Woodard
(Address) City Hospital #2

15. FILED, 19 Dear C. Forlan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11- 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-24- 1929, to 3-11- 1929, that I last saw h. alive on 3-11- 1929, and that death occurred, on the date stated above, at 7:20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Miliary Tuberculosis (General)
23 D
23 D (duration) yrs. 1½ mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
(duration) yrs. 2 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? Tray
(Signed) T. E. Linkenghan, M. D.
, 19 (Address) 2665 Farrison

*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 Greenwood Cemetery — DATE OF BURIAL 3/14 1929

20. UNDERTAKER Dunn Bros — ADDRESS 2158 Jefferson ave