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

Do not use this space.

24685

399

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Wesley Hospt. St. Ward)
Registration District No. 1002
Primary Registration District No.
File No. 3097
Registered No.

2. FULL NAME Robert J. Dixon
(a) Residence. No. 2701 E 35th St., 16 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
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) Nov 17, 1899
7. AGE: YEARS 29 MONTHS 7 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(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) Scotland
PARENTS
10. NAME OF FATHER Patrick Joe Dixon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland
12. MAIDEN NAME OF MOTHER Margaret Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland
14. INFORMANT Mrs Anna Stevenson (Address) 3442 E. 7th St.
15. FILED 7/16, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929.
17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to ..... 19..... that I last saw him alive on July 15, 1929 and that death occurred, on the date stated above, at 12:15 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Status Lymphaticus
62 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Respiratory Paralysis
Cholecystitis (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 15, 1929
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. Kowalsky, M. D.
7/15, 1929 (Address) 1500 1/2 Troost

*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: Akron, Ohio
DATE OF BURIAL: July 16 1929.
20. UNDERTAKER: H. N. Newcomer's Sons
ADDRESS: K C 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.

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