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

Do not use this space.

34976

File No. .....

Registered No. 38 D

1. PLACE OF DEATH

County St. Louis — Registration District No. [illegible]

Township [illegible] — Primary Registration District No. [illegible] B

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. St. ..... Ward)

2. FULL NAME William D. Nixon.

(a) Residence. No. South Kinlock Park, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	COLORED	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Nixon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	58	0	14	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Dr. Harris.

9. BIRTHPLACE (CITY OR TOWN) Wilmington
(STATE OR COUNTRY) North Carolina.

PARENTS

10. NAME OF FATHER William Nixon.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wilmington.
(STATE OR COUNTRY) North Carolina.

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT L.A. Bradbury, Acting Clinical
(Address) Director, U.S. Veterans Hospital, Jefferson Barracks Mo.

15. Oct 30 1929 L. C. Obrecht
FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October, 26 1929

17. I HEREBY CERTIFY, That I attended deceased from August 13, 1929, 19..., to October 26, 1929, 19..., that I last saw h. im alive on October 26, 1929, and that death occurred, on the date stated above, at 8:00 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Aneurism.

9 6
9 7 H

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

CONTRIBUTORY (SECONDARY) Valvular Heart Disease

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

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

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Physical & Laboratory findings.

(Signed) J. C. Gibson, M.D., M.D.
19 (Address) Medical Officer in Charge.
~~U.S. Veterans Hospital, Jefferson Brks, 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 National Jeff Bks — DATE OF BURIAL 10/30 1929

20. UNDERTAKER Hoffmeister U & L Co — ADDRESS 7814 So Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.