

**COMMONWEALTH OF MASSACHUSETTS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

85-95-1

1. PLACE OF DEATH  
 County Washington Registration District No. 887  
 Township Buxton Primary Registration District No. 4538  
 City Potosi, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bulah Blanche Nixon  
 (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.

File No. \_\_\_\_\_  
 Registered No. 28

JUN 29 1931

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 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 Claud Nixon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
25 9 18

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/25 1931  
 17. I HEREBY CERTIFY, That I attended deceased from 2/13, 1931, to 2/25, 1931, that I last saw her alive on 2/25, 1931, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

hemorrhage from laceration of the  
liver  
 17A 25 Unknown (duration) yrs. mos. ds.  
 CONTRIBUTORY Peritonitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Potosi  
 DID AN OPERATION PRECEDE DEATH? No DATE OF 2/13/31  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? operation  
 (Signed) John M. Gray, M. D.  
2-26, 1931 (Address) Potosi - 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.

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

10. NAME OF FATHER Gano Barron  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Potosi Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Elsie Young  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chiles Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Gano Barron  
 (Address) Mineral Point

15. FILED 5-20-31 Jos. L. Thurman  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hopewell, Mo. DATE OF BURIAL 2-27-1931  
 20. UNDERTAKER Shank & Sparks ADDRESS Potosi

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.

