

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

Do not use this space.

21967

1. PLACE OF DEATH

County Lawrence Registration District No. 468
 Township Buck Prairie Primary Registration District No. 4281
 City Marionville (No. Methodist Home for aged Ward)

File No. _____
 Registered No. 19

2. FULL NAME

Mary P. Dixon
 (a) Residence, No. Marionville St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael F. Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-25

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
98 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

FATHER 13. NAME John Dixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Dr. F. S. Stevenson
Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cem. DATE 6/30 1931

19. UNDERTAKER (ADDRESS) King Funeral Home
Adrian, Mo.

20. FILED June 30 1931 R. Andrews Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 191 1921, to June 27 1931

I last saw her alive on June 27 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
137A
137B 1932

Other contributory causes of importance: hypertension

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L 19_____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. L

Manner of injury L
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? L

If so, specify _____ (Signed) F. S. Stevenson, M. D.
 (Address) Adrian, Mo.

AUG 25 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence Registration District No. 468
 Township _____ Primary Registration District No. 4281
 City Marionville No. _____ St. _____ Ward _____

File No. _____
 Registered No. 19

2. FULL NAME

Mary P. Dixon
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25, 1844

I last saw h_____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 7 2

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)

15. MAIDEN NAME _____

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Manner of injury _____

Nature of injury _____

17. INFORMANT (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) _____, M. D.

20. FILED 6-30 1931 R. Andrews Registrar

(Address) _____

SUPPLEMENTARY

NEARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

49216-4