

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

Do not use this space.

1232
270

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399

File No. 1232

Primary Registration District No. 1002

Registered No. 270

2. FULL NAME

(a) Residence, No. 1612 Cottage Lane Ward 1

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1867

7. AGE YEARS 64 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Anglo Missouri

FATHER 13. NAME John Dixon

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Mo. 2

MOTHER 15. MAIDEN NAME Jane Hicks

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) W. H. Miles, 612 Cottage Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Hereby, Mo. DATE 1-24-1932

19. UNDERTAKER (ADDRESS) Atkins Tompkins Co. 1294 day

20. FILED 1/23/32 M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-32

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Myocardial Regurgitation
92a
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. C. A. ... M. D.
(Address) Dr. C. A. ...

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.

