

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

Do not use this space.

7386

1. PLACE OF DEATH

10 County Boone Co Registration District No. 73
Township Columbia Primary Registration District No. 5112
City Columbia (No. _____) St. _____ Ward _____

File No. _____
Registered No. 63

2. FULL NAME

Alice Dixon Shaefer
(a) Residence, No. Columbia, 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William R. Shaefer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Walker, Vernon Co. Missouri</u>		
FATHER	13. NAME <u>Levi Marshall Dixon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lou Lockett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prince Edward Co. Virginia</u>	
17. INFORMANT (ADDRESS) <u>Jane Co. Tyfel 1415 - Brookville Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia</u> DATE <u>3/26 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Parham Funeral Co Columbia Mo</u>		
20. FILED <u>3/26 1932</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 2 - 24 - 1932, to 3 - 23 - 1932.
I last saw her alive on 3 - 23 - 1932. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Do not know
930930
Other contributory causes of importance:
(D)

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. A. Dyson, M. D.
(Address) Columbia, Mo.

WHITE 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.

APR 8 1932

