

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

Do not use this space.

9762

1. PLACE OF DEATH
 92 County St. Charles Registration District No. 757 File No. _____
 4 Township _____ Primary Registration District No. 3036 Registered No. 33
 8 City St. Charles (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME William Lee Dixon
 (a) Residence, No. 419 1/2 Main 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Cotty Shell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>11</u>	<u>27</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

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) Big Springs, Mo

13. NAME Bayel E Dixon

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

15. MAIDEN NAME Catherine Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis

17. INFORMANT Jessie White
 (ADDRESS) 419 1/2 South Main St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tubells 2nd DATE March 7, 1932

19. UNDERTAKER H. D. Allmeyer & Sons
 (ADDRESS) 800 2nd Second St.

20. FILED 3/7 1932 W. L. Blochaw
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1932 to March 5, 1932
 I last saw him alive on March 4, 1932 Death is said to have occurred on the date stated above, at 12:45 a.m.
 The principal cause of death and related causes of importance were as follows:

<u>92</u> Myocarditis	Date of onset
<u>93</u> all Endocarditis	<u>3 mo ago</u>
<u>97</u>	

Other contributory causes of importance:
Arteriosclerosis and Rheumatism 10 yrs ago

Name of operation none Date of _____
 What test confirmed diagnosis Clinical 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? no
 If so, specify _____
 (Signed) B. P. Wentker _____, M. D.
 (Address) St. Charles, Mo.

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.

APR 29 1932

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

