

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **5003**
 City **St. Louis** (No. **4533 Pershing Ave**) St. **2068** (Ward)

2. FULL NAME

Evered Hughes Dixon
 (a) Residence, No. **4533 Pershing Ave** St. **19** Ward.
 Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Chas H. Dixon		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27/57		
7. AGE	YEARS	MONTHS
	75	1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		at home
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) St Louis County, Mo		
13. NAME Richard Hughes		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County, Mo		
15. MAIDEN NAME Mary Drusnap		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County, Mo		
17. INFORMANT Evered H Dixon (ADDRESS) 4533 Pershing Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Mar 3 1932		
19. UNDERTAKER Wagner (ADDRESS) 362 Olive St		
20. FILED Mar 3 1932 W. J. Starbuck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 1928** to **March 1 1932**
 I last saw him alive on **March 1 1932** Death is said to have occurred on the date stated above, at **7:10** a.m.
 The principal cause of death and related causes of importance were as follows:
hypertension
arteriosclerosis
pulmonary edema

Date of onset **1920**

Other contributory causes of importance:
none

Name of operation **none** Date of **none**
 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? _____ 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) **I found a. Rank.** _____, M. D.
 (Address) **Beverly 138.**

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.

