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.

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

Do not use this space.

10949

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3027

City St. Louis (No. Luthern Hospital St. ..... Ward)

2. FULL NAME Guy Elmer Nixon

(a) Residence, No. ..... St., 24 Ward. Hopewell Mo
(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1922

7. AGE YEARS 9 MONTHS 1 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Feb. 1932

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopewell Mo 1

FATHER

13. NAME Guy E. Nixon

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

MOTHER

15. MAIDEN NAME Edna Carlyon

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

17. INFORMANT (ADDRESS) Guy E. Nixon Hopewell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopewell Mo DATE 3 - 28 1932

19. UNDERTAKER (ADDRESS) Boyer - Hnd Co. Potosi Mo

20. FILED MAR 28 1932 Max C. Tardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932, to March 26, 1932

I last saw him alive on March 26, 1932. Death is said to have occurred on the date stated above, at 2 03 P. m.

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

Embolism - Pulmonary

154

111A 154

Date of onset

Other contributory causes of importance:

Chr. Osteomyelitis of Femur - 1

Name of operation drainage & removal of sequestrum Date of Mar. 26

What test confirmed diagnosis? Physical 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) J. Lewis Hulton, M. D.

(Address) 3400 California