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

Do not use this space.

16119

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 1910
City K. C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Clifford Edmond Nixon
(a) Residence. No. 1627 Lister St., IV Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W.	Child.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7th 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K C Mo
(STATE OR COUNTRY) 1

PARENTS
10. NAME OF FATHER Orvil Nixon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cuniston Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Gertrude Pearlee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa. 2
(STATE OR COUNTRY)

14. INFORMANT ~~Father~~ Orvil Nixon
(Address) 1627 Lister.

15. FILED May 11, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/11/32. 19

17. I HEREBY CERTIFY, That I attended deceased from 5/10/32, 19..., to 5/11/32, 19..., that I last saw him alive on 5/11/32, 19..., and that death occurred, on the date stated above, at 2:35 a. m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Duodenal Ulcers
117B
129
117B (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Perforated Ulcer.
Peritonitis (duration) ....yrs. ....mos. 3-4 days ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home (1)
(2) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Exam - Laboratory
(Signed) J.K. Campbell, M. D.
5/11, 1932 (Address) Mercy Hosp -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cuniston Mo.	May 12 1932
20. UNDERTAKER	ADDRESS
Rose & Henderson	15 & Jackson

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.

WRITE PLAINLY, WITH UNFADING