

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.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **W. Linn Co. (No. City Hospital #2)** St. Ward

17678

File No.
Registered No. **4618**
St. Ward

2. FULL NAME

Rosaine Dixon
(a) Residence, No. **2832 Pine** St., **21** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-11-1911**
7. AGE YEARS **20** MONTHS **8** DAYS **27** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Bank 235**
10. Date deceased last worked at this occupation (month and year) **June** 11. Total time (years) spent in this occupation **1 year**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
13. NAME **Thomas Dalton**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **City Hospital #2**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Pk.** DATE **May 19th 1932**

19. UNDERTAKER (ADDRESS) **Chas. J. Bates**
20. FILED **MAY 17 1932**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-8-1932**
22. I HEREBY CERTIFY, That I attended deceased from **4-25**, 19**32**, to **5-8**, 19**32**
I last saw him alive on **5-8-1932**, 19... Death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:
Pulmonary embolism
Other contributory causes of importance:
1 2 3

Name of operation **Ed. Dalton** Date of **70**
What test confirmed diagnosis **Ed. Dalton** Was there an autopsy? **70**

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?
If so, specify
(Signed) **Chas. Smith**, M. D.
(Address) **CITY HOSP. No. 2**

Registrar

