

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

Do not use this space.

22511

1. PLACE OF DEATH

39 County Greene Registration District No. 318
 3 Township Primary Registration District No. 2004
 5 City Springfield, Mo. (No. Baptist Hospital) St. Ward

2. FULL NAME

(a) Residence, No. West 166 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) child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.
0 0 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.
 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) Springfield (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME James M. Dixon

14. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Kathleen Walker

16. BIRTHPLACE (CITY OR TOWN) Cassville (STATE OR COUNTRY) Missouri

17. INFORMANT James M. Dixon (ADDRESS) West Highway #16

18. BURIAL, CREMATION, OR REMOVAL PLACE Captlawns DATE July 8 - 1932

19. UNDERTAKER Alma Schmeckel (ADDRESS) 534 St. Louis St.

20. FILED 7-8 1932 Ralph W. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 - 1932

22. I HEREBY CERTIFY That I attended deceased from 7-8 1932, to 7-8 1932

I last saw him alive on 7-8 1932. Death is said to have occurred on the date stated above, at 10 m.

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

Prémature
27th wk.
159
157
 Other contributory causes of importance: ①

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Joseph D. ... M. D.
 (Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINNING

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.

AUG 9 1932

