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.

21451

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 5287

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

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Mae Dixon

(a) Residence, No. Robertson Mo. St., 1V Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Walter J. Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 4 - 1912

7. AGE: 21 YEARS | MONTHS: 2 | DAYS: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
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): Kansas City Kansas

FATHER

13. NAME: Walter Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? New York

MOTHER

15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Don't know.

17. INFORMANT (ADDRESS): Mr. Walter J. Dixon Robertson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo DATE June 15 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED JUN 15 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 P. m.

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

	Date of onset
Shock + Injuries (Fractured Skull) received when an auto in which the deceased was riding overturned near Robertson, Mo.	
Other contributory causes of importance:	
210 Accident	21

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 6/14, 1933

Where did injury occur? Robertson, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto overturned (she was riding in same)

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M.D.

(Address) Deputy Coroner

6/15/33