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.

SEP 26 1933

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

Do not use this space.

**25903**

1. PLACE OF DEATH

21

County Charlton — Registration District No. 169

Township [illegible] — Primary Registration District No. 5235

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 41

2. FULL NAME George Washington Nix

(a) Residence, No. ..... 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: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary S. Nix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1847

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 86 | 5 | 6 | |

OCCUPATION

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

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) (STATE OR COUNTRY) Tenn

FATHER

13. NAME Andrew Nix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ira Nix Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dalton DATE 8/4 1933

19. UNDERTAKER (ADDRESS) Hill Brothers Slater Mo.

20. FILED Aug 4, 1933 Harry E. Tatum Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug 2, 1933

I last saw him alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 9A m.

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

| | Date of onset |
|---|---|
| 1. Apoplexy | July 25 1933 |
| 2. due to cerebral hemorrhage | |

Other contributory causes of importance:

Arterio-sclerosis

Cystitis

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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) Harry E. Tatum, M. D.

(Address) Brunswick Mo.