

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

Do not use this space.

35223

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 33 Barnes Hoop)

Registration District No. 701  
Primary Registration District No. 1008

File No.....  
Registered No. 9446  
St. .... Ward)

**2. FULL NAME** Mary Nixon

(a) Residence, No. 2519 Marden Lane St. 20 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Nixon</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 = 1884</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>3</u>	DAYS <u>26</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	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) <u>St. Louis Missouri</u>				
MOTHER	13. NAME <u>Don't know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Emma ?</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Goldie Stillman 3615 Geary Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Chaparral Cem.</u> DATE <u>Nov 3<sup>rd</sup> 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Wm. H. Clark 125 Madison Ave</u>				
20. FILED <u>NOV - 1 1933</u> <u>W. Brebeck</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1933, to 10-30, 1933  
I last saw her alive on 10-30, 1933. Death is said to have occurred on the date stated above, at 11:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis, chr. Date of onset  
Pulmonary Edema  
990  
Other contributory causes of importance  
11113

Name of operation..... Date of.....  
What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

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 Heart Disease, M. D.  
(Signed) Wm. H. Clark  
(Address) 600 So. Kings Highway

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.

JAN 3 1934

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