

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

Do not use this space.

JAN 26 1934  
103

**PLACE OF DEATH**

County Stoddard  
Township Pike  
City (No. ....) .....

Registration District No. 834  
Primary Registration District No. 6097

File No. 3632  
Registered No. 48  
St. .... Ward

**2. FULL NAME**

Tilda Dixon

(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 <u>ff.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ferry Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8 - 1877</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>-</u>
		DAYS
		<u>23</u>
		IF LESS than 1 day, .... hrs. or .... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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)  
Illinois

MOTHER FATHER 13. NAME Miles Spurlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
not known

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
not known

17. INFORMANT (ADDRESS)  
Kattie Lewis, Bloomfield, Mo. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Jan 2 1934

19. UNDERTAKER (ADDRESS)  
Spiles Undertaking Co., Bloomfield, Mo.

20. FILED 1-10-1934 Amesbury (Registrar)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to 1-1 1934  
I last saw her alive on 1-1 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage (Date of onset)

82A 82  
Other contributory causes of importance:

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? ..... 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 Edward Ford M. D.  
(Signed) Edward Ford  
(Address) Bloomfield, Mo.

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.

