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.

MAR 24 1934

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6525

Township ..... Primary Registration District No. ..... Registered No. 1368

City St. Louis Mo (No. 2945 Lawton City Hosp. #2 St. ..... Ward)

2. FULL NAME Steve Dixon

(a) Residence, No. 2704 - Lucas St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	11	2	

OCCUPATION

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

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) Ky

FATHER

13. NAME Lewis Dixon

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

MOTHER

15. MAIDEN NAME Caroline ?

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

17. INFORMANT (ADDRESS) R. Perdeau 2945 - Lawton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 2/7/1934

19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Lucas

20. FILED 7 1934 19 J F Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-29-, 1934, to 2-3-, 1934

I last saw him alive on 2-3-, 1934 Death is said to have occurred on the date stated above, at 6 35 A m.

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

	Date of onset
Broncho-pneumonia	1-29-34
59	
107A	
102	

Other contributory causes of importance: Diabetes Hypertension

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 .....

(Signed) Henry C. Hampton M. D.

(Address) 2945 - Lawton Blvd.