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

Do not use this space.

File No. 16926

Registered No. 10005

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 522 Benton Boulevard St. Ward)

Registration District No. 399 St
Primary Registration District No. 15

2. FULL NAME Fannie Wright Dixon

(a) Residence, No. 522 Benton Boulevard 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
82	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Ohio

FATHER
13. NAME William M. Dixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

MOTHER
15. MAIDEN NAME Laura A. Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT E. L. Wright
(ADDRESS) 319 Broadway

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Elmwood Cemetery DATE May 24, 1934

19. UNDERTAKER Stiger & McCoy
(ADDRESS) 3235 Gillham Pkwy.

20. FILED May 24, 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to May 23, 1934
I last saw him alive on May 22, 1934. Death is said to have occurred on the date stated above, at A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertensive arteriolar and	
Arteriolar guide of "shock."	

Other contributory causes of importance:
Gangrene of feet
and Coma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) C. S. Newlon, M. D.
(Address) 3007 Independence Blvd. K.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 19 1934

Dr. [illegible]
3007 Lindsay.