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.

AUG 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No. 26277

Township Bonhomme — Primary Registration District No. 6031 — Registered No. 171

City Manchester (No. Manchester Home for Aged & Chronic Invalids St. Ward)

2. FULL NAME William Henry Nixon Nixon

(a) Residence, No. 7238 Wise Avenue St., Ward Richmond Heights, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED -- HUSBAND OF Widowed Rozella DeMoss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 29, 1861

7. AGE: YEARS 72 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

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. General farming
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bicknell Knox County, Indiana

FATHER

13. NAME Isreal Nixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Pickel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Mrs. Maye Irwin (daughter) Richmond Heights, Mo.

18. BURIAL, Lakewood Cemtery PLACE St. Louis County, Mo. DATE July 27, 1934

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin Webster Groves, Mo.

20. FILED July 26, 1934 Agnes C. Kelly Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to July 25, 1934

I last saw him alive on July 25, 1934. Death is said to have occurred on the date stated above, at 10:30 P.m.

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

	Date of onset
Chronic myocarditis	
93C	
191	
Other contributory causes of importance:	3.5
191 Excessive Heat	

Name of operation none 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? no

If so, specify

(Signed) B. R. Loving, M. D.

(Address) Ballwin, Mo.