

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

Do not use this space.

JAN 8 1935

66 1. PLACE OF DEATH  
 County Miller Registration District No. 565  
 Township Anglo Primary Registration District No. 5761a  
 City (No. ) St. Ward  
 2. FULL NAME Dixie Ray Sons  
 (a) Residence, No. St. Ward. (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.

File No. 33441  
 Registered No. 44

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1934  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 7 7  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.  
 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) Miller Co Mo  
 MOTHER FATHER  
 13. NAME Grant Edward Sons  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo  
 15. MAIDEN NAME Monique Melvina Witt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo  
 17. INFORMANT Grant Edward Sons  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mount Auburn DATE Sept 20 1934  
 19. UNDERTAKER Neighbors  
 (ADDRESS)  
 20. FILED 18/2 1934 Chastant  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1934, to Sept 30 1934  
 I last saw h. alive on Sept 25 1934 Death is said to have occurred on the date stated above, at 10 m.  
 The principal cause of death and related causes of importance were as follows:  
Enteric Colitis Date of onset  
1203 (1)  
 Other contributory causes of importance:  
Typhoid  
 Name of operation None Date of  
 What test confirmed diagnosis? Typhoid Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury 1934  
 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) D. H. K. M. D.  
 (Address) Tuscan St.

N. B.—Every item of information furnished on this certificate is a part of the official record of the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

