WHITE 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 28 1935

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

Do not use this space.

7631

File No.

Registered No. 51

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Charles Nixon

(a) Residence, No. Willisville, Illinois St., Ward. Willisville, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Inez Nixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	6	3	

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. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable — 11. Total time (years) spent in this occupation Unavai

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cutler, Illinois

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT W. C. Gibson, M.D. (ADDRESS) Vet. Adm. Facility Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willisville, Ill. DATE 2-2- 1935

19. UNDERTAKER C. Hoffmeister Und. & Liv. Co. (ADDRESS) 814 S. Broadway, St. Louis, Mo.

20. FILED Feb. 2 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1935, to February 2, 1935

I last saw him alive on February 2, 1935. Death is said to have occurred on the date stated above, at 3:55 a. m.

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

Pneumonia, lobar, involving upper and middle lobes right side. — Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None — Date of —

What test confirmed diagnosis? History, physical examination, x-ray findings, clinical manifestations. — 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?

If so, specify

(Signed) W. C. Gibson, M.D. Chief Med. Officer, M.D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

M.C.