

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.

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

Do not use this space.

MAY 20 1935

11824

1. PLACE OF DEATH

County Atchison Registration District No. 17
Township Osage Primary Registration District No. 4011
City Fairfax, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Sarah Jane Dixon
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED or (OR) WIFE OF <u>Thos Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 - 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-keeper</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cock Co., Tenn.</u>		
FATHER	13. NAME <u>Maurice E. Fox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Fine</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Eugene Dixon Hamburg, Iowa.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>English Grove</u>	DATE <u>Apr. 18 1935</u>	
19. UNDERTAKER (ADDRESS) <u>H. B. Schooler Fairfax, Mo.</u>		
20. FILED <u>4-18</u>	19 <u>35</u>	<u>Walter B. Black</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1935

22. I HEREBY CERTIFY That I attended deceased from April 3 1935 to April 16 1935
I last saw him alive on April 15 1935. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Date of onset 4-5-35

Other contributory causes of importance:
22

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

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? Yes
If so, specify _____
(Signed) Quincy Humber, M. D.
(Address) Fairfax, Mo.

