

OCT 22 1935

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

Do not use this space.

29082

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 89
St. _____ Ward _____

2. FULL NAME

Archie J. Dix

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Elizabeth Dix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

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) Sept 3, 1935 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

13. NAME James Dix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

15. MAIDEN NAME Sallie J Lloyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Missouri

17. INFORMANT (ADDRESS) Earl Holliday Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peninsula Cem DATE Sept 6th, 35

19. UNDERTAKER (ADDRESS) Goodman K. Holley Boonville Mo

20. FILED Sept 6, 1935 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Sept 3, 1935

I last saw him alive on _____, 1935. Death is said

to have occurred on the date stated above, at _____ m.

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

Carbolic Acid poisoning Date of onset _____
suicide

Other contributory causes of importance _____

Name of operation _____ 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? Suicide Date of injury _____, 1935

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) Dr. R. L. Anderson M. D.(Address) Boonville Mo.Cooper to Cooper Co

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.

