

JAN 15 1936

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

Do not use this space.

38989

1. PLACE OF DEATH

County Clinton
Township Lafayette
City (No.)

Registration District No. 210
Primary Registration District No. 5289

File No. 5
Registered No. 12
St. Ward)

2. FULL NAME

Calvin L. Dixelbiss

(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sara Dixelbiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 18

7. AGE YEARS 83 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

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

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) Manchester Ohio

13. NAME Levi Dixelbiss

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

15. MAIDEN NAME Elizabeth Cough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

17. INFORMANT Doyle M. Dixelbiss (ADDRESS) Temple No

18. BURIAL, CREMATION, OR REMOVAL PLACE Seller Cemetery DATE Dec 16 1935

19. UNDERTAKER St. Louis (ADDRESS) Stewartsville Mo.

20. FILED Dec 15 1935 John Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to Feb 10 1935

I last saw him alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 5 P. M.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify Galton F. Knutson, M. D.
(Signed) Easton Mo
(Address)

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.

