

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

Do not use this space.

39503  
4946

JAN 23 1936

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Kansas City No. 224 West 65<sup>th</sup> St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 224 West 65<sup>th</sup> 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 5 - 1860</u>		
7. AGE YEARS <u>75</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Water Department City Inspector</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)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1935, to 12-6, 1935

I last saw him alive on 12-6-35, 1935 Death is said to have occurred on the date stated above, at 6:14 P. m.

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

Cerebral embolus Date of onset \_\_\_\_\_  
Pericardial effusion  
Chronic myocarditis

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Cholera 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 \_\_\_\_\_, 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) W. J. McCallister, M. D.

(Address) 224 West 65<sup>th</sup> St. Kansas City, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Michael Dixon</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Anna Brady</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	17. INFORMANT (ADDRESS) <u>Mrs Fred Dillon 224 West 65 Kansas City Mo</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cemetery</u> DATE <u>December 9</u> , 19 <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>John Sheehan Kansas City Missouri</u>
20. FILED <u>12/7</u> , 19 <u>35</u> <u>mon</u> <u>Crone</u> Registrar.	

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.

MARGIN RESERVED FOR BINDING

Dr Walter P. Miller  
Angyle Bldg

V. 9878

Dec 4