MAR 18 1936

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

Do not use this space.

5248

File No. 11.

Registered No.

1. PLACE OF DEATH
County Daviess
Township Benton
City Pattonsburg (No. , St. Ward)

Registration District No. 254
Primary Registration District No. 6358

2. FULL NAME Wm 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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Elizabeth Dix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23/1868

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	X	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) Virginia

FATHER
13. NAME Daniel.H.Dix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME America Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Elizabeth Dix
(ADDRESS) Pattonsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Pattonsburg, Mo DATE Feb 22 1936

19. UNDERTAKER G.S.Gromer
(ADDRESS) Pattonsburg, Mo.

20. FILED 2/21/36 1936 FRANCES C. SUTTON Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1933 to Feb 20 1936
I last saw ~~him~~ alive on Feb 20 1936. Death is said to have occurred on the date stated above, at 6/30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Cardiac Regurgitation	

Other contributory causes of importance:

None

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?
If so, specify
(Signed) [illegible], M. D.
(Address) Pattonsburg Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD