

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.

30245

SEP 21 1936

1. PLACE OF DEATH

County Cedar
Township Jefferson
City (No. , St. Ward)

Registration District No. 163
Primary Registration District No. 5230

File No. Aug 26 1936
Registered No. 174

2. FULL NAME Nancy 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 yrs. mos. 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 HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1855</u>		
7. AGE <u>81</u>	YEARS <u>5</u>	MONTHS <u> </u>
DAYS <u> </u>		IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) <u>Stockton, Mo.</u> (STATE OR COUNTRY) <u>Cedar Co.</u>

FATHER	13. NAME <u>Green Simmons</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)

MOTHER	15. MAIDEN NAME <u>Morning Wright</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)

17. INFORMANT <u>L.H. Dixon</u> (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Alder</u> DATE <u>Aug. 10 1936</u>

19. UNDERTAKER <u>W.C. Davis & Co.</u> (ADDRESS) <u>Stockton, Mo.</u>

20. FILED <u>Aug 26 1936</u> <u>Mrs. H.A. Brown</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1936

22. I HEREBY CERTIFY. That I attended deceased from to August 9, 1936
I last saw him alive on August 8, 1936 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:

Cerebral Hemorrhage 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?
If so, specify
(Signed) H. Simmons, M. D.
(Address) Stockton, Mo.

