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

SEP 15 1936

Do not use this space.

32425

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 8246

City St. Louis (No. En route Mo. Baptist Hospital, St. ..... Ward)

2. FULL NAME Raymond Nixon

(a) Residence, No. 1325a Whittier St., // Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	9	1	27	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Charles Nixon

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

MOTHER

15. MAIDEN NAME Zellah Marcum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Percy, Ill.

17. INFORMANT (ADDRESS) Zella Nixon, 1325 a Whittier St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Odd Fellow Cem. Percy, Ill. DATE 8/9/ 1936

19. UNDERTAKER (ADDRESS) Mullen Bros. U. Co. 4259 Lindell Blvd

20. FILED AUG 7 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

No physician in attendance.

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:45 m. A.

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

Fracture of Skull and Subdural Hemorrhage of Brain, received when the deceased fell from an automobile truck while attempting to "steal" a ride in St. Louis, Mo.

Date of onset

Other contributory causes of importance:

ACCIDENT.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 8/6/, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury Fall from truck

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) Depfor