

OCT 5 1936

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

Do not use this space.

791

35873

## 1. PLACE OF DEATH

County.....

Registration District No. ....

Township.....

Primary Registration District No. ....

City.....

(No. Peoples Hospital - 3447 Pine St. .... Ward)

File No. ....

Registered No. .... 9496

## 2. FULL NAME

~~Barl Dixon~~ Barl Dickson(a) Residence, No. 1414 Biddle St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                    |   |
|-----------------------|------------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widower</u> |
|-----------------------|------------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Known6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

|           |       |        |      |  |
|-----------|-------|--------|------|--|
| 7. AGE    | YEARS | MONTHS | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
| <u>28</u> |       |        |      |  |

|            |   |            |
|------------|---|------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>M-I</u> |
|            | 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) Mississippi13. NAME Peter Dixon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi15. MAIDEN NAME Millie Green16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Emilie Black  
(ADDRESS) 2723 a Stoddard18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Ph. DATE 9/17 193619. UNDERTAKER J. J. James  
(ADDRESS) 2037 Park20. FILED SEP 16 1936  
J. T. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11, 193622. I HEREBY CERTIFY, That I attended deceased from 9-10, 1936, to 9-11, 1936I last saw h. a. alive on 9-11, 1936. Death is saidto have occurred on the date stated above, at 3 p. m.

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

Chronic MyocarditisDate of onset  
Not Known

Other contributory causes of importance:

Chronic constipationTwo months

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) Edgar F. Woodson, M. D.(Address) 3447 Pine St

