

DEC 4 1936

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

Do not use this space.

38870

1. PLACE OF DEATH

County St. Francis Registration District No. 775
Township Conroy Primary Registration District No. 6022-A
City Burns Grove (No. _____) St. _____ Ward _____

File No. _____
Registered No. 73

2. FULL NAME

Verona Muriel Dixon
(a) Residence, No. Conroy Lane No 70 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Everett Edward Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24, 1914</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>Coldwater Missouri</u>		
FATHER	13. NAME <u>Wm Curtis Boyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Ida Caster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis County Missouri</u>	
17. INFORMANT (ADDRESS) <u>Everett Muriel Dixon Conroy Lane No 70</u>		
18. BURIAL, CREMATION, OR REMOVAL B. J. PLACE <u>Adams Cemetery</u> DATE <u>Oct 14 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Benham Undert. Co Conroy Lane No 70</u>		
20. FILED <u>Oct 7 1936</u> <u>N. W. Howland</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12-, 1936; to 10-12-, 1936
I last saw her alive on 10-12-, 1936. Death is said to have occurred on the date stated above, at 3:30 A. m.
The principal cause of death and related causes of importance were as follows:
Terminal bronchopneumonia Date of onset 10/1/36
Malnutrition

Other contributory causes of importance
10/1/36

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? No

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? No
If so, specify _____
(Signed) H. M. Roebber, M. D.
(Address) Conroy Lane, 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.

