

JAN 22 1937

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

Do not use this space.

45650

1. PLACE OF DEATH
County Madaway Registration District No. 58-23 62 File No. 45650
Township Hatchson Primary Registration District No. 6-21 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Robert C. Pixler
(a) Residence, No. 301 E. 3rd St. Maryville Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 I 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1936

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset _____

(view inquest) 59

Other contributory causes of importance:
Diabetes mellitus -

Name of operation _____ Date of _____

What test confirmed diagnosis? PTA Exam 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) Jack Powell _____, M. D.

(Address) Maryville Mo
Cosmos Ind. Co.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Filmore Mo

13. NAME Richard Pixler _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary Unknown

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Robert Pixler _____
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE 12-21-1936

19. UNDERTAKER Campbell Funeral Home _____
(ADDRESS) Maryville, Mo.

20. FILED 12/20 1936 Calvin D. Horn _____
Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If approximate, state so. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

