MAR 5 - 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Barnes Hospt. Registration District No. 1003 File No. 8422

~~Township~~ Primary Registration District No. Registered No. 1874

City St. Louis (No. 1 St. Ward)

2. FULL NAME Dr. William C. (initial only) Dixon

(a) Residence, No. Greenville Ill. St., n R 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Florrie N. Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10. 1869

7. AGE YEARS 67 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor. M.D.

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) Feb. 1 - 1937

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bond Co. Ill.

FATHER

13. NAME William Dixon Sr.

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

MOTHER

15. MAIDEN NAME Mary Ann Henry

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

17. INFORMANT (ADDRESS) Mrs. Florrie N. Dixon

18. BURIAL, CREMATION, OR REMOVAL Greenville Ill.

PLACE Montrose DATE Feb. 15 1937

19. UNDERTAKER (ADDRESS) E. L. Bass Greenville Ill.

20. FILED FEB 13 1937 J. F. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 1, 1937 to 2 - 12, 1937

I last saw him alive on 2 - 12, 1937 Death is said to have occurred on the date stated above, at 8 35 p.m.

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

	Date of onset
Cardiovascular renal disease	1 yr +
Coronary sclerosis + thrombosis	

Other contributory causes of importance:

Hypertension

Arteriosclerosis

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? no

If so, specify .....

(Signed) R. Williams, M. D.

(Address) St. Louis

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.

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