

APR 16 1937

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

Do not use this space.

11556

1. PLACE OF DEATH

County Cedar
Township Jefferson
City Un named (No. _____)

Registration District No. 165
Primary Registration District No. 5231

File No. Me 11-1937
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
still born

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #
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) Dunnegan Mo
(STATE OR COUNTRY) Oakie A Dixon

13. NAME

14. BIRTHPLACE (CITY OR TOWN) Cedar Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Mi rtie C Hughes

16. BIRTHPLACE (CITY OR TOWN) Cedar Co Mo
(STATE OR COUNTRY)

17. INFORMANT O A Dixon
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lindley Prairie DATE Feb 20 1937

19. UNDERTAKER None
(ADDRESS)

20. FILED Me 11 37 Mrs D G Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937 Not known 1937

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 _____ m.

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

still born

Date of onset

Other contributory causes of importance: #

Name of operation # Date of _____

What test confirmed diagnosis? \$ 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? _____

If so, specify _____

(Signed) Chas H Dixon, M. D.

(Address) Fair Clay 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.

