

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 599

File No. 15446

Township Kaw

Primary Registration District No. 1002

Registered No. 1932

City K. C. Mo.

(No. St. Vincent's Hospital St. 1932 Ward)

2. FULL NAME Dixie Carol Switzer

(a) Residence, No. 2428 Cleveland 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. 0 min.

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) (STATE OR COUNTRY) St. Vincent's Hosp.

FATHER 13. NAME George Switzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowgill, Mo.

MOTHER 15. MAIDEN NAME Pauline Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawson, Mo.

17. INFORMANT (ADDRESS) George Switzer 2428 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Cowgill, Mo. DATE Apr. 27, 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED H-27 37 M. M. Crowe, Cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1937, to Apr 26, 1937. I last saw her alive on Apr 26, 1937. Death is said to have occurred on the date stated above, at 3 p. m.

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

Cerebral Haemorrhage Date of onset Apr 26, 1937  
Other contributory causes of importance: 160B

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) W. D. Cantrell M. D.  
(Address) 810 Arroyo Street

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.

