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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
County: Saint Louis
Registration District No.: 1123
File No.: 17615
Township:
Primary Registration District No.: 6248B
Registered No.: 169
City: Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME: Wilson DIXON

(a) Residence, No. R. R. #1, Raymondsville St., Ward. Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Houston.
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME Bill Dixon

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Anna Locker

16. BIRTHPLACE (CITY OR TOWN) Saint Louis.
(STATE OR COUNTRY) Missouri.

17. INFORMANT Clinical Clerk, M. Schulig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houston, Mo. DATE April 22, 1937

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED April 20, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 2:20 P.m.

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

	Date of onset
Ruptured Appendix with generalized Peritonitis.	4-9-37

Other contributory causes of importance:
None

Name of operation Appendectomy with drainage Date 4-13-37
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. V. HUGHES, M. D.
Chief Medical Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.