

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.

88 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Union
City (No. _____) _____

Registration District No. 735
Primary Registration District No. 5971

File No. 24687
Registered No. 156

2. FULL NAME David Tice Dixon Jr

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20th 1858</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>		
13. NAME <u>Samuel Dixon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>		
15. MAIDEN NAME <u>Thannah Shaw</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>		
17. INFORMANT <u>Mrs Ida Dixon</u> (ADDRESS) <u>2225 Mobley mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mobley mo</u> DATE <u>June 7th 1937</u>		
19. UNDERTAKER <u>Walburn and son</u> (ADDRESS) <u>Mobley mo</u>		
20. FILED <u>June 27, 1937</u> <u>Ethel Blum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 1937

22. I HEREBY CERTIFY That I attended deceased from July 1937, 1937, to June 5th 1937, 1937.
I last saw h. alive on June 5th 1937 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Date of onset Do not know

Other contributory causes of importance: 97

Name of operation Quial 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? no 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 = 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. T. Regal, M. D.
(Address) Mobley mo

