

JUL 31 1937

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

Do not use this space.

25096

1. PLACE OF DEATH

County Texas Registration District No. 867 File No. \_\_\_\_\_  
Township Roubidoux Primary Registration District No. 6147 Registered No. \_\_\_\_\_  
City Plato (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Thomas Jefferson Dixon  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Mauvee Ark.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 18 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-OR (OR) WIFE OF Melena Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed  
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) Sept. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

13. NAME Steven Dixon

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

15. MAIDEN NAME Victoria Dixon

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Dodge Graveland DATE 6-14 1937  
Mt. Pisgah Cemetery

19. UNDERTAKER (ADDRESS) none

20. FILED 6-13 1937 R. B. Jolley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 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:

Bright's Disease Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Robert B. Jolley, M. D.

(Address) Plato Mo

132a

\$ 1.76 per line

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25-096

Do not use this space.

1. PLACE OF DEATH

(a) County Texas  
(b) Township Roubidoux  
(c) City

Registration District No. 867  
Primary Registration District No. 6147

Registered No. ....

(d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME

Thomas Jefferson Dixon

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 1 8

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

Bright's disease  
Chronic

Date of onset

Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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.

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

Manner of injury.....

Nature of injury.....

15. MAIDEN NAME

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

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

(Signed) Robt B. Tillery, M. D.

17. INFORMANT (ADDRESS)

(Address) Plato

18. BURIAL, CREMATION, OR REMOVAL

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19.....

Local Registrar.

SUPPLEMENTARY

96052-5