OCT 20 1937

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

Do not use this space.

File No. 34526
Registered No.

1. PLACE OF DEATH
County Jasper
Township Galena
City ~~Joplin, Missouri~~ (No. R. 1 - St. Ward)
Registration District No. 411
Primary Registration District No. 5569

2. FULL NAME Florence Dixon
(a) Residence, No. Rt # 3 Box 81 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Spurgeon, Mo

FATHER
13. NAME Sam Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME Marjorie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Manford Dixon Rt #3 Box 81 Joplin,
18. ~~BURIAL, CREMATION, OR~~ REMOVAL Burial
PLACE Hill Crest Cem DATE Oct 2nd, 19 37
19. UNDERTAKER (ADDRESS) Frank Sievers Mortuary Joplin, Missouri
20. FILED 10-2, 1937 Ed James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936, to Sept 29, 1937
I last saw her alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 4:10pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) H. Gerlauer, M. D.
(Address) Joplin 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.