

OCT 25 1937

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

Do not use this space.

35149

1. PLACE OF DEATH

County St. Charles  
Township Amos  
City (No. ....) .....

Registration District No. 760A  
Primary Registration District No. 5999

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Alfred R Dix

(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 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18 1937

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

17. I HEREBY CERTIFY That I attended deceased from Sept. 2, 1937 to Sept. 18, 1937  
that I last saw him alive on Sept. 10, 1937, and that death occurred, on the date stated above, at 6:30 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4-1863

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
73 10 14

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Blair Millar, M. D.  
Sept. 14, 1937 (Address) 7. 10th St.

9. BIRTHPLACE (CITY OR TOWN) Bridgeton, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Owen Dix

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Ida J. Dix  
(Address) 7. 10th St. Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hiram Cemetery, St. Louis, Mo. DATE OF BURIAL 9-21 1937

15. FILED 9/22/37 Gertrude S. Foxstiel REGISTRAR

20. UNDERTAKER R. B. Peterson ADDRESS Wentzville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

