

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Pharos
City Bates

Registration District No. 50
Primary Registration District No. 5689
(No. R2)

File No. 37048
Registered No. 66
St. _____ Ward _____

2. FULL NAME

Mauntan Ernest Dixon

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lola M. Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-6-1869</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8 1931 to Oct 6 1937

I last saw him alive on Oct 6 1937 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

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 life

Date of onset

Cerebral Hemorrhage
General Arteriosclerosis

Other contributory causes of importance: 82a

Cerebral Hemorrhage
Ch. Hypertension

Name of physician Peter J. Belmont Date of _____

What test confirmed diagnosis? (gross) Was there an autopsy? _____

MOTHER / FATHER

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

13. NAME J. Dixon

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

15. MAIDEN NAME Loretta Dixon

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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 _____

17. INFORMANT Ernest Dixon (ADDRESS) Bates, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 778 Chicago DATE 10-8 1937

19. UNDERTAKER Wilkinson Funeral Home (ADDRESS) Clinton, Mo.

20. FILED Oct. 8 1937 Neva L. Colver Registrar.

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

If so, specify Cerebral Hemorrhage

(Signed) Charles W. [Signature] M.D. (Address) Bates, Mo.

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

