

DEC 14 1937

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

Do not use this space.

40592

1. PLACE OF DEATH

County Barton
Township Barton City
City Liberal

Registration District No. 43
Primary Registration District No. 6065-

File No.
Registered No.
St. Ward)

2. FULL NAME Rissie Dixon

(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 62 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME Harvey S Snyder

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

15. MAIDEN NAME Harriet G Phillips

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

17. INFORMANT John Dixon (ADDRESS) Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal, Mo. DATE Nov. 19, 1937

19. UNDERTAKER Bethes Funeral Service (ADDRESS) Millberry, Mo.

20. FILED 11-26-37 W P Peck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Nov. 18 1937. I last saw him alive on Nov 14 1937. Death is said to have occurred on the date stated above, at 11: A m.

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

Progressive muscular atrophy Date of onset

Other contributory causes of importance: gia

Name of operation None Date of ... 0
What test confirmed diagnosis? atrophy of muscles Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 190

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A G Eddleman M. D.
(Address) Liberal, Mo.

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

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