

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 626
 Township Independence Primary Registration District No. 5828
 City Parnell (No. _____) St. _____ Ward _____

3604

2. FULL NAME Oran Wesley Dixon 250
 (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 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

- PERSONAL AND STATISTICAL PARTICULARS

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>Sidney Olla Dixon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1869</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>3</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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. <u>44 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parnell Mo</u>				
FATHER	13. NAME <u>William Dixon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton Co., Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Burns</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mrs. Sidney Dixon</u> (ADDRESS) <u>Parnell, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parnell, Mo.</u> DATE <u>Feb. 9, 1938</u>				
19. UNDERTAKER <u>A. J. Pool & Co.</u> (ADDRESS) <u>Parnell, Mo.</u>				
20. FILED <u>Feb. 9, 1938</u> <u>Mallice P. Kennedy</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to Feb 7, 1938
 I last saw h. alive on Dec 4, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration Date of onset _____
Bronchial asthma
 Other contributory causes of importance: AD

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chlorine Was there an autopsy? No

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) A. M. Wallis Jr., M. D.
 (Address) Marionville, Mo.

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RECEIVED

FEB 28 1938

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NC. STATE BOARD OF HEALTH