REC'D MAR 14 1938

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

Do not use this space.

File No. 5691
Registered No. 757

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Linwood # 2 St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Percy A. Dixon 250
(a) Residence, No. 1011 Michigan 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 Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Dixon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1887
7. AGE YEARS 51 MONTHS 1 DAYS 16 If LESS than 1 day, ...hrs. or ....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo 9
NAME Unknown 9
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MAIDEN NAME Unknown
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
ANT (ESS) Jessie Dixon 1414 Highland
CREMATION, OR REMOVAL Blue Ridge DATE Feb 19 1938
AKER (ESS) E. Sterling Bills 1811 E. 12th St. K.C. Mo.
15 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on 2-13-38, 19.... Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Myocarditis	
Pulmonary Edema	1 31
Chronic Glomerular Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? 1
If so, specify .....
(Signed) Russell W. Kerr, M. D.
(Address) [illegible]