

REC'D MAY 16 1938

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

Do not use this space.

14312

## 1. PLACE OF DEATH

County CassRegistration District No. 157Township Pleasant HillPrimary Registration District No. 5221

City (No. \_\_\_\_\_) \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Ellen 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

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Henry Dixon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1855

7. AGE

YEARS 82MONTHS 11DAYS 17

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

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 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Plains, Tennessee

MOTHER FATHER

13. NAME Eliza Armstrong14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Plains, Tennessee15. MAIDEN NAME Josephine Bigby16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Plains, Tennessee17. INFORMANT (ADDRESS) James Mitchell, Pleasant Hill, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DeBarre, Tennessee 4-20-3819. UNDERTAKER (ADDRESS) D. J. Nofsinger, Pleasant Hill, Mo.20. FILED 4-19-, 1938 Ms. Etta M. Aldridge, Registrar, 149

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Apr 17, 1938I last saw him alive on Apr. 15, 1938. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Influenza

Date of onset

Other contributory causes of importance: 118.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Microsc. 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? no

If so, specify \_\_\_\_\_

(Signed) O. L. Conroy, M. D.(Address) Pleasant Hill, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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