

REC'D JUN 24 1938

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

Do not use this space.

19672

1. PLACE OF DEATH

County Scott
Township Heliso
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 816

File No. _____

Primary Registration District No. 4492.6065Registered No. 12

2. FULL NAME

Baby 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 yrs. mos. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 19387. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

12. BIRTHPLACE (CITY OR TOWN) Scott Co (STATE OR COUNTRY) Mo13. NAME George Dixon14. BIRTHPLACE (CITY OR TOWN) Campbell (STATE OR COUNTRY) Mo15. MAIDEN NAME Emma Duty16. BIRTHPLACE (CITY OR TOWN) Malden (STATE OR COUNTRY) Mo17. INFORMANT George Dixon (ADDRESS) Chaffee, Mo.18. BURIAL, CREMATION, OR REMOVAL Union Park Cem. PLACE Chaffee, Mo. DATE 5/23/3819. UNDERTAKER W. H. Hubbard (ADDRESS) Chaffee, Mo.20. FILED 5/23/38 W. O. Sweeney Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from May 22, 1938 to May 22, 1938I last saw her alive on May 22, 1938. Death is saidto have occurred on the date stated above, at 9 A. m.

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

Date of onset _____

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

