

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10476

RECD APR 18 1939
PLACE OF DEATH

County Chariton

Registration District No. 177

File No. 22

Township Triplet

Primary Registration District No. 5245

Registered No. 37

City

(No. _____)

St.

Ward

2. FULL NAME Dulcy Mae Nixon.

(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) March, 25, 1939				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			4	
OCCUPATION	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.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) Chariton County (STATE OR COUNTRY) Missouri				
FATHER	13. NAME Lyle C. Nixon			
	14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Ruth A. Garret			
	16. BIRTHPLACE (CITY OR TOWN) Purden, (STATE OR COUNTRY) Missouri			
17. INFORMANT Mr. Lyle C. Nixon (ADDRESS) Triplet Missouri				
18. BURIAL, CREMATION, OR REMOVAL PLACE McCullough DATE 3/28, 1939				
19. UNDERTAKER L. J. Simpson (ADDRESS) McCullough Mo				
20. FILED Mar 28, 1939 R. P. Fine Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar, 28, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Mar, 25, 1939, to Mar, 28, 1939**
I last saw her alive on **Mar, 25, 1939** Death is said to have occurred on the date stated above, at **3:35 am**
The principal cause of death and related causes of importance were as follows:
Acute meningitis Date of onset **16/12**

Other contributory causes of importance:
Heart Failure
Septicemia
Bleeds

Name of operation _____ Date of _____
What test confirmed diagnosis? **Culture** 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) **Dr. Ross Brown**, M. D.
(Address) **Prosser Mo**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/13/39