

REC'D SEP 20 1939

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

29110  
Do not use this space.

1. PLACE OF DEATH *Gasconade* <sup>21</sup>  
 (a) County *Gasconade* Registration District No. *305*  
 (b) Township *Canon* Primary Registration District No. *5422*  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. *26*  
 (e) Length of residence in city or town where death occurred *10* yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 2. PRINT FULL NAME *William Christopher Nixon*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF *Laura Alice Shields*  
 (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 5 - 1860*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*79 4 27*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Timber buyer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) *1920* 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cooper Hill Mo*  
 FATHER 13. NAME *Thomas Nixon* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Liverpool England*  
 MOTHER 15. MAIDEN NAME *Elizabeth Craven* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Liverpool England*  
 17. INFORMANT (ADDRESS) *Claude Cantrell*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Cooper Hill Mo* DATE *8 - 4 - 1939*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. F. Hattenstradt Owensville Mo*  
 20. FILED *Aug 9 1939 Seth A. Barnes M.D. Local Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 1 - 1939*  
 22. I HEREBY CERTIFY, That I attended deceased from *7 - 19 1939* to *8 - 1 1939*  
 I last saw him alive on *8 - 1 1939*. Death is said to have occurred on the date stated above, at *5:45 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Left hemiplegia - cerebral - on hypertensive basis - hemorrhage*  
 Date of onset *2 weeks*  
 Other contributory causes of importance: *sdh*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) *Paul Brenner* M. D.  
 (Address) *Owensville, Mo.*

A. 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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....*me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Milford H H Kenter*

Licensed Embalmer No.....*3938*

P. O. Address.....*Owensville Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**