

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

Do not use this space.

30683

FILED OCT 9 1944

**1. PLACE OF DEATH**

County Coxsack Registration District No. 57 File No. \_\_\_\_\_  
Township Huxrieden Primary Registration District No. 5208 Registered No. 23  
City Hale (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Cora 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**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James William Nixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	84	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) (STATE OR COUNTRY) Greenburg Mo

FATHER 13. NAME Benjamin Houston Mead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mattie Gumm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. S. G. Jones  
(ADDRESS) Hale Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACES Hale DATE Sept 12, 1944

19. UNDERTAKER Frank E. Slaten  
(ADDRESS) Hale Mo

20. FILED 9-16-44 19 Mrs. Edgewood Smith  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1944

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1944 to Sept 12 1944

I last saw her alive on Sept 10 1944 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Primary bronchopneumonia Date of onset 9-6-44

Other contributory causes of importance: 107

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

What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_

(Signed) Dr. Alvin A. White M. D.  
(Address) Hale, Mo

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.

I hereby certify that the body whose  
name is recorded on the reverse side of this  
Certificate has been buried by me

Frank E. Slater  
Licence No 927      No 6 910