

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

Do not use this space.

36873

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1112 Michigan) St. _____ Ward _____

File No. _____
 Registered No. 1006
 St. _____ Ward _____

2. FULL NAME

Ralph Dixon
 (a) Residence. No. 1112 Michigan St. 2 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>	<u>5</u>	<u>17</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Foundry
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Waco
 (STATE OR COUNTRY) Texas

10. NAME OF FATHER George Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

14. INFORMANT Dora Dixon
 (Address) 1112 Michigan

15. FILED 7/13, 1927 M. M. Casner
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1927, to Dec 9, 1927 that I last saw him alive on Dec 9, 1927, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
10/10/27 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) no
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual
 (Signed) Robert E. Barker, M. D.

Dec 13, 1927 (Address) Kansas City, Kan
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ship
Waco Texas DATE OF BURIAL Jun 13, 1927

20. UNDERTAKER Adkins Bros ADDRESS 2127 Olive

WRITE PLAINLY, WITH UNFAADING 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.

