

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

Do not use this space.

23097

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Barnes Hospital)

File No.
Registered No. 6549
St. Ward)

2. FULL NAME Annie Green Dixon

(a) Residence. No. 2939 Finney St. 11 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 colored 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 2 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 1 13 days

8. OCCUPATION OF DECEASED School Girl, child

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

10. NAME OF FATHER John Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Bayles

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

14. INFORMANT T. Stanton
(Address) 500 So. Kingshighway

15. JUN 18 1929 FILED W. C. Stanton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to June 15, 1929, that I last saw him alive on June 15, 1929, and that death occurred, on the date stated above, at 8:33 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Like sickle cell Anemia
(Cause unknown)

CONTRIBUTORY (SECONDARY) JFB

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH: Home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) E. D. Donohue, M. D.

6-15, 1929 (Address) 500 S. Kingshighway

*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 DATE OF BURIAL

Washington Park 6/19 1929

20. UNDERTAKER ADDRESS

Manual Undert. Co 5705 F Finney

N. E.—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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