

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

Do not use this space.

29472

**1. PLACE OF DEATH**

County Cooper  
Township Clear Creek  
City (No. ....) .....

Registration District No. 223  
Primary Registration District No. 5304

File No. ....  
Registered No. 4  
St. .... Ward

**2. FULL NAME**

James L Dix

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 2 8

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

9. BIRTHPLACE (CITY OR TOWN) Cooper Co. Mo.  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "  
(STATE OR COUNTRY) "

14. INFORMANT A J Dix  
(Address) Boonville Mo

15. FILED 10-10 19 30 Erving Hunt  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 19 30

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1930 to Sept 2 1930 that I last saw him alive on Aug 23 1930, and that death occurred, on the date stated above, at 10 A m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
76 B  
Carcinoma of stomach  
5mb known duration  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED 444A  
..... AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

18. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? W Barnes  
(Signed) ..... M. D.

..... (Address) Clear Creek Mo

\*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 Cooper Co  
Peninsula Cem Mo DATE OF BURIAL 9/14 19 30

20. UNDERTAKER Goodman & Bolle  
Boonville Mo  
ADDRESS

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.

661 28 1930

