

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

Do not use this space.

17277

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Sultaw Primary Registration District No. 3008
City Sultaw (No. _____) St. _____ Ward _____

File No. _____

Registered No. 121

2. FULL NAME

Hortense Dixon
(a) Residence, No. State Hosp #1, Sultaw, Mo Ward. Kansas City, Mo
(Usual place of abode) (If nonresident, give city, town and State)

Length of residence in city or town where death occurred 10 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Percy Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29, 1880</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>needle work</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2267</u>
	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) <u>Sedalia, Missouri</u>	
FATHER	13. NAME <u>P. D. Brett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mollie Bird</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Records of State Hosp #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Mo</u> DATE _____ 19__		
19. UNDERTAKER (ADDRESS) <u>J. O. Roberts Columbia Mo</u>		
20. <u>May 27, 1931</u> <u>R. N. Creever</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26th, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 28th, 1931, to May 26th, 1931.
First saw her alive on May 26th, 1931. Death is said to have occurred on the date stated above, at 100 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 4/5/31
Peritoneal tuberculosis
23
Other contributory causes of importance:
Dementia Praecox (Paranoid) 8/31/20

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical tray 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? yes
If so, specify _____
(Signed) C. C. Pruitt, M. D.
(Address) Sultaw, Mo.

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.

JUN 26 1931

