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.

FEB 25 1932

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

Do not use this space.

2139

1. PLACE OF DEATH
County Ripley — Registration District No. 752 — File No.
Township Pine — Primary Registration District No. 5993 — Registered No. 1
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Eugene Dixon
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 6 1932
7. AGE YEARS X MONTHS X DAYS 3-6-32 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ripley Co Mo 1

FATHER
13. NAME Walter Dixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark, 2

MOTHER
15. MAIDEN NAME Lula Hurt.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Walter Dixon.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pine Cem DATE 1 10 1932
19. UNDERTAKER (ADDRESS) family
20. FILED 1 10 1932 G G Sprague Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~1 9~~ 1, 9 1932
22. I HEREBY CERTIFY, That I attended deceased from 1 X X 6 1932 to 1 X X 9 1932
I last saw him alive on 1 X X 6 1932 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/17/32

Other contributory causes of importance: 107a

Name of operation none Date of
What test confirmed diagnosis? Clinical 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Gofort, M. D.
(Address) Doniphan Mo