

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

Do not use this space.

FEB 18 1936

38985

1. PLACE OF DEATH

County Clinton Registration District No. 204
 Township Shoal Primary Registration District No. 3013
 City Cameron, Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. 1

2. FULL NAME Richmond Owens Pixlee

(a) Residence, No. West 4th 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 MS ANNA PIXLEE (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

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) Clay County, Mo.

13. NAME Wm. Pixlee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Sarah Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Walter Pixlee (ADDRESS) Mirable, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn, Mo. DATE Jan. 2, 1935

19. UNDERTAKER (ADDRESS) O. W. Moore, Cameron, Mo.

20. FILED 1-27-36 D. C. McElroy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-29-1935 to 12-31-1935

I last saw him alive on 12-31-1935. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis
Arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clonus 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? No
 If so, specify _____

(Signed) L. J. Hamilton, M. D.

(Address) Cameron, Mo.

Date of onset _____
Unknown
1935

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.

