

1939 JUL 11 1939

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

21690
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 1 Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 154
(c) or City State Hospital #1 (d) Street No. State Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

250 Claude Dixon
(a) Residence, No. Winfield, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Sarah Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 years 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as 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) Winfield, Mo

FATHER 13. NAME Joe Dixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Cora

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wife - Sarah Dixon
Winfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Winfield Mo DATE 6-8-39 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lee J. Wallace
Fulton Mo

20. FILED June 8, 1939 R. T. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from October, 1938, to June 8, 1939

I last saw him alive on June 7, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Hunting for Chorea
with

Date of onset

Other contributory causes of importance: 876

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) G. W. Forman, M. D.

(Address) State Hosp #1, Fulton Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Les G. Wallace*

Licensed Embalmer No..... *3373*

P. O. Address..... *Fulton MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.