Size 8½ x 7¼

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

Form V. S. No. 4

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

20989

1. PLACE OF DEATH
County Haywood
Civil Dis. 2
or Village Dancyville
or City
Registration District No. 38
Primary Registration District No. 2
File No.
Reg. No. 47
(No. , St.; Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
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.

2. FULL NAME Edwin Reid Dixon
(a) Residence: No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 4

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) N. Carolina

FATHER
13. NAME John Dixon
14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER
15. MAIDEN NAME martha Scott
16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Miss Lula Dixon
Address 227 South Main Memphis Tenn or Dancyville Tenn

18. BURIAL, CREMATION, OR REMOVAL
Place Dancyville cem Date Oct 14, 1933

19. UNDERTAKER G. F. Jones
(Address) Stanton Tenn

20. FILED Oct 17, 1933 Mrs W. H. Maxwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

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

	Date of onset
No Doctor - found dead in bed in morning	

Contributory causes of importance not related to principal cause:

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) Mrs W. H. Maxwell - Reg. M. D.
(Address) Stanton Tenn