

STANDARD CERTIFICATE OF DEATH

COPY

1. PLACE OF DEATH STATE OF VERMONT
 County Washington State Vermont Registered No. _____
 Township East Montpelier or Village _____
 City _____ No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred 27 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME Mabel Josephine Dix
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Orvill W. Dix

6. DATE OF BIRTH (month, day, and year) 3/9/ 1860

7. AGE
 Years 78 Months I Days 9 If LESS than 1 day _____ hrs. _____ or _____ min.

OCCUPATION

8. Trade, profession, or particular kinds of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 12/37 11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) Walden
 (State or country) Vt.

MOTHER / FATHER

13. NAME Mabel Gile

14. BIRTHPLACE (city or town) Not known
 (State or country) Not known

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) Walden
 (State or country) Vt.

17. INFORMANT J. P. Christiansen
 (Address) Plainfield, Vt.

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Marks Date Apr 20 1938

19. UNDERTAKER Bert Davis
 (Address) Marshfield Vt.

20. FILED Apr 19 1938 L. W. Sibbey, T.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/18/38

22. I HEREBY CERTIFY That I attended deceased from Jan. 8, 1938, to 4/18, 1938
 I last saw him alive on 4/18, 1938, death is said to have occurred on the date stated above, at 11-40 A.M.
 The principal cause of death and related causes of importance in order of onset were as follows: Chronic Endocarditis Date of onset _____

Contributory causes of importance not related to principal cause: Carcinoma of breast

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) H. E. G. P. S. M. D.
 (Address) Plainfield Vt.