

File No. 27860
AFFIDAVIT OF IDENTITY

STATE OF NEVADA)
) SS.
COUNTY OF EUREKA.)

PETER MERIALDO, being first duly sworn, deposes and says:

That I was a resident of Eureka County of February 13, 1917, as of the date one THOMAS DIXON executed a certain Deed to the NE~~1~~NW~~1~~ Section 28, T. 18 N., R. 56 E., White Pine County, State of Nevada, recorded in Book 77 of Deeds, page 415, in the records of the County Recorder's Office of White Pine County, Nevada.

That affiant as of said date of February 13, 1917, was personally acquainted with THAMAS DIXON who died on November 20, 1927, in the Town of Eureka, County of Eureka, State of Nevada, as more fully reflected by certified copy of Standard Death Certificate, annexed hereto and made a part hereof as though fully set forth herein, original of which said copy

is on file with the Nevada State Board of Health, Bureau of Vital Statistics, Carson City, Nevada.

DATED June 6th, 1949.

Peter Merialdo
PETER MERIALDO

Subscribed and sworn to before me this 6th day of June, 1949.

(Official Seal) Ed Delaney County Clerk
Ex-Officio Clerk of the Third Judicial Court.

1. Place of Death County of <u>Eureka</u> Town of <u>Eureka</u> City of _____ (No. _____ St; _____ Ward)	Nevada State Board of Health Bureau of Vital Statistics STANDARD DEATH CERTIFICATE	State Index No. <u>958</u> Local Registered No. <u>28</u> (If death occurred in a hospital or institution, give its name instead of St. and No, and fill out No. 18.)
2. Full Name <u>Thomas Dixon</u>		
Personal Statistical Particulars		Medical Certificate of Death
3. Sex <u>M</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Widowed</u> (Write the word)
6. Date of birth <u>Mar. 21, 1847.</u> (Month) (Day) (Year)		16. Date of Death <u>Nov. 20, 1927.</u> (Month) (Day) (Year)
7. Age <u>79</u> years, <u>8</u> months, _____ days 'If LESS than 1 day. Hrs. Min.		17. I HEREBY CERTIFY that I attended deceased from <u>Nov. 1, 1927, to Nov. 20, 1927,</u> and that I saw <u>him</u> alive on <u>Nov. 20, 1927,</u> and that death occurred, on the date stated above, at <u>11:20 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Ulcer of stomach</u> <u>Partial obstruction of colon from adhesion.</u>
8. Occupation (a.) Trade, profession, or particular kind of work. <u>Miner</u> (b.) General nature of industry, business, or establishment in which employed (or employer.) _____		
9. Birthplace (State or County) <u>Ireland</u>		
10. Name of Father <u>Unknown</u>		(Duration) <u>9</u> yrs. mos. ds.
11. Birthplace of Father (State or County) <u>Ireland</u>		Contributory <u>Hemorrhage from ulcer</u> (Secondary)
12. Maiden Name of Mother. <u>Unknown</u>		(Duration) ... yrs, ... mos, <u>one</u> ds. (Signed) <u>Leighton Ray</u> M.D.
13. Birthplace of Mother. <u>Ireland.</u> (State or County).		<u>Nov. 20, 1927.</u> (Address) <u>Eureka.</u> *State the disease causing death, or, in deaths from VIOLENT CAUSES, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13a. Length of Residence At place of death <u>fifty</u> years, ... mos In Nevada <u>fifty</u> years, months.	18. SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or How long at usual residence place of death, days Where was disease contracted, if not at place of death?	
14. The above is true to the best of my knowledge. (Informant) <u>A.P. TenVoord</u> (Address)	19. Place of Burial Or Remonal Date of Burial <u>Eureka, Nevada</u> <u>Nov. 22, 1927.</u>	
15. Filed <u>Dec. 16, 1927</u> <u>Leighton W. Ray</u> M.D. Subregistrar Filed, 192.. .. Registrar or Deputy	20. UNDERTAKER ADDRESS <u>Earl H. Marriott</u> <u>Ely</u>	

I hereby certify that this is a true and correct copy of the original record which is on file in this office.

Fee Receipt No. 4636

Date Issued May 9, 1949

(Official Seal) John J. Sullivan Director, Division of Vital Statistics Nevada State Health Department Carson City, Nevada

Recorded at the request of Orville R. Wilson June 6, A.D. 1949 At 30 minutes past 10 A.M.

Peter Merialdo---Recorder.