JUL 9 1928

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

Do not use this space.

18188

1. PLACE OF DEATH

County: St Charles — Registration District No. 756 — File No.

Township: Portage des Sioux — Primary Registration District No. 5997 — Registered No. 7

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Walter Vick

(a) Residence. No. ..... St., ... Ward. Washington Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 - 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beanford (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Otto Vick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Campleton (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Augusta Roeder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin County (STATE OR COUNTRY) Mo

14. INFORMANT Bertha Taylor
(Address) 2022 Wyoming St Louis Mo

15. FILED June 2, 1928 C. A. Barnard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowning
By falling out of Skiff in Missouri River.
..... (duration) ..... yrs. 7 mos. 13 D ds.

CONTRIBUTORY (SECONDARY) 2138
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Otto B. Ilch Coroner, M. D
6/2, 1928 (Address) St Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cem.	June 2, 1928
20. UNDERTAKER	**ADDRESS**
W. Dallmeyer & Son Co	8004 [illegible]

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.