JUL 25 1928

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

Do not use this space.

20390

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield
Registration District No. 318
Primary Registration District No. 2001
(No. St. Johns Hospital St. Ward)
File No.
Registered No. 441

2. FULL NAME: Carrie May Vickers
(a) Residence. No. R.F.D #4 St., Ward.
(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: Female
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: Harry Vickers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 6-1872

7. AGE: Years 56 | Months 3 | Days 6 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Lyman Prosser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Elizabeth A. Bradford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Blanche Wilkerson
(Address) Springfield, Mo.

15. FILED 6/13, 1928 O C Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-12- 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-9-, 1928, to 6-11, 1928 that I last saw her alive on 6-9-, 1928, and that death occurred, on the date stated above, at ~~6-11~~ 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Left Breast
56
162 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility
(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) C. E. Fuller, M. D
6-12, 1928 (Address) Springfield 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: Eastlawn Cemetery
DATE OF BURIAL: June 1928

20. UNDERTAKER: J. W. Klingner & Co.
ADDRESS: 424 E. Conil Springfield, Mo.

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.