

**MISOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1009

City.....

File No.

25256

Registered No.

70561

St.

Ward.....

2. FULL NAME

(a) Residence. No. **1022 N. Pershottan** St., **11** Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 7 - 1882

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

46

1

29

8. OCCUPATION OF DECEASED

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

Chauffeur

(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

10. NAME OF FATHER

Robert Vickers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Okla

12. MAIDEN NAME OF MOTHER

Lucinda Kunkin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

*Thelma Vickers
1022 N Pershottan*

15.

FILED

19.

31 - 6 1928 / W. C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7-4-1928

17.

I HEREBY CERTIFY That I attended deceased from July 4, 1928, to July 4, 1928, (that I last saw him alive on July 4, 1928, and that death occurred on the date stated above, at 4:45 a.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Cerebral apoplexy
Hemorrhage*

CONTRIBUTORY (SECONDARY)

7401

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. S. Stevens

(Address)

11 N. Jefferson M. D.

*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

St. Peters

7-7-1928

20. UNDERTAKER

W. S. Wade & Co.

ADDRESS *4202 Finney*

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.

