

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

Do not use this space.

1. PLACE OF DEATH

County New
Township Leasville
City Leasville

Registration District No. 347
Primary Registration District No. 550/A

File No. 40351-a
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 4 mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Harvey</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 1 1881</u>			
7. AGE <u>47</u>	YEARS <u>6</u>	MONTHS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (CITY OR TOWN) <u>Near Sweet Springs</u> (STATE OR COUNTRY) <u>Bettis Co. Missouri</u>			
PARENTS	10. NAME OF FATHER <u>Azel J. Vickrey</u>		
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Dont Know</u> (STATE OR COUNTRY) <u>North Carolina</u>		
	12. MAIDEN NAME OF MOTHER <u>Sarah E. Dillon</u>		
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Dont Know</u> (STATE OR COUNTRY) <u>Dont Know</u>		

14. INFORMANT J. W. Harvey
(Address) Coal Mo. R.R. #1

15. FILED Jan 5 1929 Dr. E. C. Peeler
per JS REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 8, 1928, that I last saw him alive on Dec 6, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho - Pneumonia
IIA
107A (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY Influenza
(SECONDARY) (duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED At home
IS NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ed. C. Peeler, M. D.
, 19 (Address) Clinton 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 Hogels Creek Cemetery DATE OF BURIAL Dec. 9 1928

20. UNDERTAKER Sims - Wilkinson & Co. ADDRESS Clinton 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.

