WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 23 1932

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

Do not use this space.

19368

1. PLACE OF DEATH
47 County Iron
Township Arcadia
City Arcadia (No. ..... St. ..... Ward)

Registration District No. 391
Primary Registration District No. 5546a

File No. .....
Registered No. 26

2. FULL NAME Marjorie Lee Vickery

(a) Residence, No. ..... 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 Fem
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton Missouri

FATHER
13. NAME Theodore Vickery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hogan Mo

MOTHER
15. MAIDEN NAME Ollie Huff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hogan Missouri

17. INFORMANT (ADDRESS) Theodore Vickery Arcadia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arcadia Mo DATE June 20 1932

19. UNDERTAKER (ADDRESS) White & Son Ironton Mo

20. FILED June 20 1932 R. A. Rasche Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 18, 1932
I last saw her alive on June 11, 1932. Death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 6-9-32

104

108

Other contributory causes of importance:

1

Name of operation None — Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George W. Gay, M. D.
(Address) Ironton - Mo