

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

27124
Do not use this space.

37120

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 5998
City..... (No....., St..... Ward.....)

File No.....
Registered No. 119

2. FULL NAME

Artie Selay Vickers
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 1 56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215
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) Sullivan Mo
13. NAME George B. Vickers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexander Mo
15. MAIDEN NAME Matthas Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lae Springs Mo

17. INFORMANT Mrs. Mary Thompson (ADDRESS) 2197 Knolls St. Hann Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Emery Mo DATE Aug 25 1932

19. UNDERTAKER H. Gallaway & Son (ADDRESS) 600 E. 2nd St. Hann Mo
20. FILED 8/25 1932 N. G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1932
22. I HEREBY CERTIFY, That I attended—deceased—from head injury to Aug 23 1932, 1932.
I last saw him alive on Aug 23 1932. Death is said to have occurred on the date stated above, at 4:09 p.m.
The principal cause of death and related causes of importance were as follows:

Accidental due to injury received by being struck by an auto wheel while standing behind a parked truck on N. W. X 40 Ave.
Date of onset.....

Other contributory causes of importance: Wound of Crani Springs Mo
21000110 (5) 20
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/23 1932
Where did injury occur? N. W. X 40. auto mill west of Hann (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto Accident
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Dr. Fred C. Brown M. D.
(Address) H. C. Brown

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.

SEP 26 1932

