

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.

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

Do not use this space.

36545

1. PLACE OF DEATH

County *Wentworth*
Township *Marion*
City (No.) St. Ward

Registration District No. *615-*
Primary Registration District No. *5817*

File No.
Registered No. *25-*

2. FULL NAME

Clara B. Vickers

(a) Residence, No. St. Ward. (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Andrew Vickers</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 30 - 1878</i>		
7. AGE	YEARS <i>52</i>	MONTHS <i>11</i>
	DAYS <i>29</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife 235</i>
	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)
Jordan Co. Mo.

13. NAME
John Mathis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.

15. MAIDEN NAME
Amanda Millburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.

17. INFORMANT
A. L. Vickers
(ADDRESS) *212 Grand Street*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Boyd Cemetery* DATE *November 29th 1932*

19. UNDERTAKER
H. C. Rutter
(ADDRESS) *Diamond Mo.*

20. FILED *November 28 1932* *U. S. Chapman*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov-28* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 20* 19*32* to *Nov. 28* 19*32*
I last saw her alive on *Nov. 28* 19*32*. Death is said to have occurred on the date stated above, at *7:40 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
231 23
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? *no* 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? *no*
If so, specify
(Signed) *R. P. Cheatham*, M. D.
(Address) *Diamond Mo.*

