

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

Do not use this space.

1993

1. PLACE OF DEATH

49 County Jasper Registration District No. 419
 Township McDonald Primary Registration District No. 5573
 City Beards Mo. R # 2 (No. Beards Mo. R # 2) St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME Ralph Rector Vicle

(a) Residence, No. Avilla Mo. 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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Vicle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 2 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 210 M
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8V16
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1933

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him and Jan 30, 1933. Death is said to have occurred on the date stated above, at 3:55 P.M.

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

cardiac hemorrhage due to bacillary pneumonia of spleen & liver
fract. occipital

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-29, 1933

Where did injury occur? 421 1/2 E. Avilla Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

at D near J. W. H. H. H.

Manner of injury Fract. occipital broken neck

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. J. Hogan, M. D.

(Address) Avilla

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

FATHER 13. NAME Fayette Vicle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otsego Co. N.Y.

MOTHER 15. MAIDEN NAME Mary Jane Willoughby

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

17. INFORMANT (ADDRESS) Fayette Vicle Avilla Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avilla Cemetery DATE 2-1, 1933

19. UNDERTAKER Ulmer - Whorse (ADDRESS) Cartage Mo.

20. FILED Feb. 1, 1933 Mrs. W. A. Hall, Registrar.

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.

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DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
MAY 11 1955

MAY 11 1955

MAY 11 1955

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 419
 Township McDonald Primary Registration District No. 5573
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Ralph Rector Vile

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED Feb. 1 1933 Mrs. W. A. Hall
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 19 33

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw him _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

fractured skull and broken neck, accidental
Cracking Car in Gear Room
3 miles South East Avilla in Jasper Co. Mo.
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PEY... should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS ISSUED BY LAW.

S-1993