

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

Do not use this space. **B**

41158-2

1. PLACE OF DEATH

County St. Clair Registration District No. 765
 Township Osceola Primary Registration District No. 6266
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Norman Coleman 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (name, wife or ex-wife) Lillie Hider Vickers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Producer Dealer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 82A

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) New Clinton Mo Henry Co

13. NAME John Coleman Vickers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newling Ill Hancock Co

15. MAIDEN NAME Sarah Emily Vickers

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

17. INFORMANT (ADDRESS) Robert Vickers Loring City

18. BURIAL, CREMATION, OR REMOVAL PLACE Loring City Cemetery DATE 12/25/1933

19. UNDERTAKER (ADDRESS) W. Austin Loring City Mo

20. FILED 4/10 1934 R. Seewer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24/1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1933 to 12-24 1933

I last saw him alive on 12-19 1934 Death is said to have occurred on the date stated above, at 11 A. m.

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

Leucobac. meningitidis
left fractured his right leg with complications involving vein & artery
cause emaciation of body

Other contributory causes of importance: into the lungs

Name of operation no 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 _____, 19____

Where did injury occur? Loring City Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell when standing up
 Nature of injury fracture, right leg

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) E. H. Sullivan, M. D.
 (Address) Osceola

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.

1 APR 25 1934

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7-10

7-11

8-1-11

8-1-11