JAN 17 1936

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

Miller

Do not use this space.

40227

File No.

Registered No. 245

1. PLACE OF DEATH

County: Macon — Registration District No. 533

Township: — Primary Registration District No. 3027

City: Macon (No. , St. Ward)

2. FULL NAME: George Vickrey

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lilly Vickrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20 - 1868

7. AGE — YEARS: 67 — MONTHS: 4 — DAYS: 3 — If LESS than 1 day, hrs. or min.

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): Macon Co. Mo

FATHER

13. NAME: Allen J. Vickrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co., Kentucky

MOTHER

15. MAIDEN NAME: Mary Gaines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co., Mo

17. INFORMANT (ADDRESS): Macon, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Concord - Macon Co DATE: Dec. 26 - 1935

19. UNDERTAKER (ADDRESS): Albert Skinner, Macon, Mo

20. FILED: 1/9 1936 Leota Newton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec - 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to Dec 23, 1935, I last saw him alive on Nov 14, 1935. Death is said to have occurred on the date stated above, at 8 p.m.

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

Carcinoma of Cervix — Date of onset 7 yrs

Other contributory causes of importance: None

Name of operation: None — Date of: —

What test confirmed diagnosis? Clinical — 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? No
If so, specify

(Signed) Howard Miller, M. D.

(Address) Macon Mo

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.