MAR 20 1936

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

Do not use this space.

6405

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Jackson — Primary Registration District No. 5563 — Registered No.
City N.C. (No. , Almshouse St. Ward)

2. FULL NAME Mrs Rosa Vickrey
(a) Residence, No. Webb City Mo St., 4th Ward. NC
(Usual place of abode) County Farm (If nonresident, give city or town and State)
Length of residence in ~~city or~~ town where death occurred — yrs. 6 mos. 1 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11 1861

7. AGE: YEARS 71 — MONTHS 8 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper + Restaurant
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) NC
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: James Goldsbury
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Eliza Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): T A Trautman Supt Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope Cem DATE Feb 24, 1936

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co Webb City Mo

20. FILED Feb 24, 1936 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Febry 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1935, to Feb 22, 1936
I last saw her alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:
General Arterio-Sclerosis
Gangrene right toes

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 ....., 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? .....
If so, specify .....
(Signed) Walter M Howard, M. D.
(Address) Carthage Mo