

OCT 21 1936

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

Do not use this space.

38718

1. PLACE OF DEATH

County Polk
Township Johnson
City Johnson (No. _____)

Registration District No. 703
Primary Registration District No. 4424

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Essie Cora 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Drew Vickers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 8 1 7

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

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) Mo

13. NAME Newton Snuffer

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

15. MAIDEN NAME Laura Cowgill

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

17. INFORMANT Drew Vickers (ADDRESS) Johnsonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Dec 9, 1936

19. UNDERTAKER Ralph A. Joseph (ADDRESS) Johnsonville Mo.

20. FILED Oct. 9, 1936 Oral M. Rich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Oct 2, 1936

I last saw her alive on Oct 2, 1936. Death is said

to have occurred on the date stated above, at 9 P. m.

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

Progressive Spinal paralysis with general anæmia

Other contributory causes of importance:

Name of operation _____ 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) Frank R. Shewing, M. D.

(Address) Johnsonville Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33

