

REC'D SEP 16 1938

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

Do not use this space.

28152

1. PLACE OF DEATH

County *Ladair*Registration District No. *4*File No. *28152*

Township

Primary Registration District No. *3001*Registered No. *136*City *Kirkville*(No. *508*)*South Halliburton*St. *I*

Ward)

2. FULL NAME *Charles Henry Vice**2-A-1*(a) Residence, No. *508 S. Halliburton*

(Usual place of abode)

St. *I*

Ward.

(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 (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ange E. Vice*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-22-1863*
 7. AGE YEARS *74* MONTHS *4* DAYS *17* IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mechanical Draftman*

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) *1-3-38*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Edina* (STATE OR COUNTRY) *Missouri*13. NAME *William Vice*14. BIRTHPLACE (CITY OR TOWN) *unknown* (STATE OR COUNTRY)15. MAIDEN NAME *Elizabeth Kelley*16. BIRTHPLACE (CITY OR TOWN) *Indiana* (STATE OR COUNTRY)17. INFORMANT *Mrs. Ray Thrasher* (ADDRESS) *508 S. Halliburton St. Kirkville*18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Hill* DATE *Aug 11 1938*19. UNDERTAKER *Dee Riley Funeral Home* (ADDRESS) *Kirkville Mo.*20. FILED *Aug 10 1938* *Spencer Freeman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 9 1938*22. I HEREBY CERTIFY That I attended deceased from *Aug 6 1938* to *Aug 9 1938*I last saw *alive* on *Aug 9 1938*. Death is saidto have occurred on the date stated above, at *1:50 P.m.*

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

Apoplexy Date of onset

Other contributory causes of importance:

Name of operation *none* Date of *no*What test confirmed diagnosis *Medical* 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) *F. L. Bigsby* M. D.(Address) *Kirkville Mo.*

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2818-2
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township _____ Primary Registration District No. 3001 Registered No. 136
(c) City Kirksville (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Henry Vice
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 4 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Mar. 2 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1938
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw h. _____ 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:

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? _____ 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) F. L. Briston, M. D.
(Address) Kirksville Mo

SUPPLEMENTARY

1938

5-28152