

RECEIVED FEB 7 1939

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

Do not use this space.

2511

1. PLACE OF DEATH

County Howell Co. Mo.
Township Chapel
City (No.)

Registration District No. 383
Primary Registration District No. 5534

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

2. FULL NAME

263 Joseph Chas. Vickers

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/24/39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 3

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.

MOTHER 13. NAME Jesse H. Vickers

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.

MOTHER 15. MAIDEN NAME Josephine Dowell

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT Lawrence Vickers
(ADDRESS) Mt. View, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 1/28 1939

19. UNDERTAKER (ADDRESS) Mrs. Rowlett
Mt. View

20. FILED L-6 1939 G. W. Wainwright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 1939
22. I HEREBY CERTIFY, That I attended deceased from 1/24 1939 to 1/27 1939
I last saw him alive on 1/24 1939. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Date of onset 1/24/39
Pulmonary stenosis and atherosclerosis

Other contributory causes of importance:
Pulmonary stenosis and atherosclerosis

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) W. W. Cottingham D.D. M. D.
242 (Address) Mountain View, 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.

