

1939 MAR 20 1939

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

7116  
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533  
(b) Township 1 Primary Registration District No. 3027  
(c) City Macon (d) Street No. 17 Registered No. 17  
(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

(a) Residence, No. 260 Cassie Vickery St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1866  
7. AGE YEARS 72 MONTHS 4 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.  
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. None  
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

13. NAME As Vickery

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

15. MAIDEN NAME Mary Ann Wood

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

17. INFORMANT (ADDRESS) Leon James  
Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood DATE Feb 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert Skinner  
Macon, Mo.

20. FILED 2/28, 1939 Leo H. Kewster Local Registrar. 476

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1939

22. I HEREBY CERTIFY, That attended deceased from Dec. 7 1937 to Feb. 23 1939

I last saw her alive on Feb 23 1939. Death is said to have occurred on the date stated above, at 7:30 Am.

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

Cerebral apoplexy 2/23/39  
82 W

Other contributory causes of importance: General Arterio-sclerosis 1929?

Name of operation Clipped 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? no  
If so, specify ..... (Signed) J. J. Turner, M. D.

Macon, 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.

RECEIVED

District Health Officer No. 10  
District File Number 10-39-350  
Date Filed MAR 14 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*George R. Lile*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *George R. Lile*

Licensed Embalmer No. 4066

P. O. Address Maum, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**