

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

10251  
 Do not use this space.

REC'D APR 15 1939

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 5131  
 (c) City Poplar Bluff, Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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**

267 Maggie Vickery  
 (a) Residence, No. Hwy 60 W. Poplar Bluff, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm E. Vickery</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1874</u>				
7. AGE	YEARS 65	MONTHS 1	DAYS 11	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Marion</u> (STATE OR COUNTRY) <u>Illinois</u>				
FATHER	13. NAME <u>A. Elliot</u>			
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Samuel</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Benton</u> (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>R. A. Vickery</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Valley</u> DATE <u>March 14, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Greer-Croy Service</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>				
20. FILED <u>3/14 1939</u> <u>Blutinger</u> Local Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1939 to Mar 13 1939  
 I last saw him alive on Mar 8 1939. Death is said to have occurred on the date stated above, at 10:30 am  
 The principal cause of death and related causes of importance were as follows:  
Branch Pneumonia  
4510  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Cardiac Asthma  
several months

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Where 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. H. Arvill M. D.  
Poplar Bluff, Mo.  
 (Address) \_\_\_\_\_

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

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.

FORM 9-1-39 1 X16005

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**