

N. E.—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.

REC'D APR 13 1939

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

11725
 Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 6285

(b) Township Leak Primary Registration District No. 3031 Registered No. 82

(c) City Maryville (d) Street No. St. Francis Hospital 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 William Alexander Mc Vicker

(a) Residence, No. 217 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Mc Vicker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15th 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	5	16	

OCCUPATION

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

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) Bedford Co. Penn. (STATE OR COUNTRY)

FATHER

13. NAME William Howard Mc Vicker

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

MOTHER

15. MAIDEN NAME Hattie Mangus

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

17. INFORMANT C. G. Mc Vicker (ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE March 3 1939

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home (ADDRESS) Maryville Mo

20. FILED 3-3 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1939 to March 1 1939

I last saw him alive on March 1 1939 Death is said to have occurred on the date stated above, at 8 P. M.

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

General Arteriosclerosis

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? No

Also, specify (Signed) J. A. Blagden, M. D. (Address) Maryville Mo

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.....

William Campbell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William Campbell

Licensed Embalmer No.....

2620

P. O. Address.....

Manville W. Va.

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.