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

44112
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid 2 Registration District No. 604
(b) Township " " Primary Registration District No. 5802 4 Registered No.
(c) or City New Madrid 1 (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 260 James P. Vickrey
(a) Residence, No. Steele, Mo. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Della E. Vickrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 21. 1884.

7. AGE: Years 55 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Phisician, M.D.
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): Saltillo Tenn 1

FATHER
13. NAME: Alford Vickrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saltillo. Tenn 1

MOTHER
15. MAIDEN NAME: Martha A. Norwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saltillo Tenn

17. INFORMANT (ADDRESS): Hellen Vickrey Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MtZion Cem, DATE: Dec 17. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): German Undt Co. Steele, Mo.

20. FILED: 12/27, 1939 [signature] Local Registrar. 533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16, 1939

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 5a. m.
The principal cause of death and related causes of importance were as follows:

Stabbed wounds in chest

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Date of onset

Other contributory causes of importance: Hit in mouth + three teeth knock out

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury Dec 19, 1939
Where did injury occur? Unk.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Unk. body found in car
Manner of injury stabbed with icepick 3 times
Nature of injury " in chest

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify
(Signed) L. A. Richards Jr Coroner, M.D.
(Address) New Madrid, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 1 X16605

[illegible]
[illegible] Health Officer No. 2,
[illegible] Number 140-476
[illegible] 1-4

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.