

SEP 29 1936

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

Do not use this space.

31205

1. PLACE OF DEATH

County Jackson
Township Taw
City Kansas City

Registration District No. 308
Primary Registration District No. 5002
(No. 3415 Kensington)

File No. _____
Registered No. 10015
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3415 Kensington Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Dickers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4 - 1851</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>See</u>
	13. NAME <u>Abraham Vickers</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	15. MAIDEN NAME <u>Elizabeth Melach</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	17. INFORMANT <u>Osborn W. Vickers</u> (ADDRESS) <u>3415 Kensington</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roller, Mo.</u> DATE <u>Aug 29 1936</u>	
19. UNDERTAKER <u>Rose & Henderson</u> (ADDRESS) <u>15 Jackson</u>	
20. FILED <u>8-28</u> 19 <u>36</u> <u>M. M. Crowe</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936, to Aug 26 1936.
Last saw him alive on Aug 26 1936. Death is said

to have occurred on the date stated above, at 2:15 p.m.

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

Partial hemiplegia, left side
Effect of extreme heat - several weeks
Acute arteriosclerosis
arteriosclerotic (chronic)
myocarditis
Senility

Date of onset
2/26/36
gradual
gradual

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? _____
If so, specify _____

(Signed) Osborn W. Vickers, M. D.
(Address) 3415 Kensington KANSAS CITY, 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.

