

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

Do not use this space.

**8747**

**1. PLACE OF DEATH**

County Jackson  
Township Pleasant  
City Independence (No. ....)

Registration District No. 398  
Primary Registration District No. 3019

File No. ....  
Registered No. 119  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 304 N. Pleasant St., 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 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 Ella Quallo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
76 | - | 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 's  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN); Unknown  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN); Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); unknown  
(STATE OR COUNTRY)

14. INFORMANT Allen E. Quallo  
(Address) 607 N. Union St.

15. FILED Mar 28 1928 A. R. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from March 11<sup>th</sup> 1928, to March 19<sup>th</sup> 1928 that I last saw him alive on March 17<sup>th</sup> 1928, and that death occurred, on the date stated above, at 10:10 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

108 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 101 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Ruth Vivian Andrews, D.

3/20, 1928 (Address) Independence, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Wash Cem. DATE OF BURIAL Mar 20 1928

20. UNDERTAKER Ott + Mitchell ADDRESS Indep Mo

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.

1928

