

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

Do not use this space.
M. Conroy

1. PLACE OF DEATH

County *Demini*
Township
City *Carmichael*

Registration District No. *661*
Primary Registration District No. *4388*

File No. *24638*
Registered No. *89*
St. _____ Ward _____

2. FULL NAME *Ms Stella Quillin*

(a) Residence No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7-31 1928*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Quillin*

17. I HEREBY CERTIFY, That I attended deceased from *June 10*, 19*28*, to *7.31*, 19*28*, that I last saw her alive on *7.31*, 19*28*, and that death occurred, on the date stated above, at *1-30 p.m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *D.K.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *about 40*

M. C. 46 (duration) yrs. *9* mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *H.W.* (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN) *D.H.* (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH, _____

10. NAME OF FATHER

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

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

20. WAS THERE AN AUTOPSY? *no*

12. MAIDEN NAME OF MOTHER

21. WHAT TEST CONFIRMED DIAGNOSIS? *no* (Signed) *A. B. Berry*, M. D.

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

Aug. 1, 1928 (Address) *Carmichael, Mo.*

14. INFORMANT *Ruby Thornton* (Address) *Carmichael, 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.

15. FILED *Aug. 7, 1928* *Lida Martin* REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Maple Cemetery* DATE OF BURIAL *8-1 1928*

20. UNDERTAKER *D. S. Smith* ADDRESS *Carmichael, 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.

