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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28883

Township ..... Primary Registration District No. 1003 Registered No. 8386

City St. Louis Mo. (No. Missouri Baptist Sanitarium. St. ..... Ward)

2. FULL NAME Rachel McQuoid.

(a) Residence. No. 3245a Missouri Ave. St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
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: Frank McQuoid. 1880

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2/10/1880.

7. AGE: Years 48 | Months 6 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

PARENTS
10. NAME OF FATHER: James Gee.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Nancy Barnes.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

14. INFORMANT: Frank McQuoid
(Address) 3245a Missouri Ave

15. FILED: 8 17 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4 8-16-1928

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/16/28 19

17. I HEREBY CERTIFY, That I attended deceased from 8-16, 1928, to 8-16, 1928 that I last saw her alive on 8-16, 1928 and that death occurred, on the date stated above, at 12 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121A Diffuse peritonitis.
121B
129 (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Acute gangrenous appendix.
Appendicitis (duration) — yrs. — mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 117 W
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-16-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. M. Winn, M. D
8-17, 1928 (Address) 413 Wall Bldg

*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: Buell Missouri. DATE OF BURIAL: 8/18/28 19

20. UNDERTAKER: Provost Lund Co ADDRESS: 3710 N Grand