

C 26 1928

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.

32917

1. PLACE OF DEATH
 County Callaway Registration District No. 105
 Township Upwade Primary Registration District No. 5-1-3-
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Emma Quarters
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Chas Quarters

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-23rd 1867

7. AGE YEARS MONTHS DAYS IF LESS than I day, _____ hrs. or _____ min.
60 9 22

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

9. BIRTHPLACE (CITY OR TOWN) Montgomery Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Theodore Vandergicht

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Annelia Miller

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Oct 14, 1928, that I last saw h. l. alive on Oct 14, 1928, and that death occurred, on the date stated above, at 2:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dissociating lines
12/4/28
 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) as 12207
 (duration) _____ yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination
 (Signed) A. P. Bridges (M. D.)
 , 19 _____ (Address) Portland 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.

14. INFORMANT Frank J. S. S. S.
 (Address) Portland, Mo.

15. FILED 11-12-28 W. H. Williams REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Portland Cemetery DATE OF BURIAL 10-16 1928

20. UNDERTAKER W. H. Williams ADDRESS Mo.

