

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

Do not use this space.

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.

**1. PLACE OF DEATH**

County Buchanan  
 Township St. Joseph mo  
 City St. Joseph mo (No. 612 Lincoln)

Registration District No. 85  
 Primary Registration District No. 1001

File No. 9614  
 Registered No. 319  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Quarles  
 (a) Residence No. 612-Lincoln St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1898

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 - 1898

7. AGE 40 YEARS MONTHS 7 DAYS 6 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Anderson Quarles

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

12. MAIDEN NAME OF MOTHER Ella Wintermitch

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

14. INFORMANT Mrs. W. A. Washington  
 (Address) 612-Lincoln

15. FILED MAR 9 1929 John G. Webb REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from March 4<sup>th</sup> 1929, to March 7<sup>th</sup> 1929 that I last saw him alive on March 3<sup>rd</sup> 1929, and that death occurred, on the date stated above, at 11:40 P.

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

Apoplexy (Cerebral hemorrhage)  
After spell of sneezing  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. three ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis, due to  
hypertensive condition (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?   
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) R. Millman, M. D.

March 6, 1929 (Address) 1215 Taramon St.

\*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. Moralee DATE OF BURIAL Mar. 9 1929

20. UNDERTAKER B. F. Graves ADDRESS 806-3-17th

