88

APR 30 1929

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

Do not use this space.

11962

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 55

City Moberly (No. 412 So Williams St. Ward)

2. FULL NAME James C. McQuitty

(a) Residence. No. 412 So Williams 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2nd 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	6	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Thomas McQuitty

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

12. MAIDEN NAME OF MOTHER Elizabeth Wilhite

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

14. INFORMANT Mrs. Bettie McQuitty (Address) Moberly Mo.

15. FILED 3/29, 1929 Dr. Thos S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from 11th Mar, 1929, to Mar 11th, 1929 that I last saw him alive on Mar 11th, 1929, and that death occurred, on the date stated above, at 11:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

Influenza (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) M. A. Lensley, M. D

3-13th, 1929 (Address) Moberly 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	DATE OF BURIAL
Moberly Mo.	3-13th 1929
20. UNDERTAKER	ADDRESS
Mahan and Son	Moberly 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.