

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

Do not use this space.

25107

**1. PLACE OF DEATH**

County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 4280  
City Aurora (No. 202 Elliot ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 131

**2. FULL NAME**

William Arthur McQuarters  
(a) Residence No. 202 Elliot ave 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. 3 da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
-----------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work         
(b) General nature of industry, business, or establishment in which employed (or employer)         
(c) Name of employer       

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

PARENTS	10. NAME OF FATHER <u>W. M. McQuarters</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Lawrence</u> (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Dolly Ream</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Okla</u> (STATE OR COUNTRY)

14. INFORMANT Mrs. W. M. McQuarters  
(Address) Aurora Mo

15. FILED 7-30 1929 REGISTRAR W. M. McQuarters

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1929

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1929, to July 12, 1929, that I last saw him alive on July 11, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Heart failure  
1512

(duration) \_\_\_\_\_ yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) 160

(duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clonus  
(Signed) W. M. McQuarters, M. D.

7-16 1929 (Address)

\*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 <u>Maple Park Cem.</u>	DATE OF BURIAL <u>7/12 1929</u>
--	------------------------------------

20. UNDERTAKER <u>King Funeral Home</u>	ADDRESS <u>Aurora Mo</u>
--	-----------------------------

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.

S. N. Townsend

Aurora, Mo.

1871

1871