FEB 18 1930

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

Do not use this space. Dr. Robt. Williams

File No. 798

Registered No. 49

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield, Mo. (No. 912 W. Walnut St. Ward)

2. FULL NAME Mrs. Elizabeth McQuigg

(a) Residence. No. 912 W. Walnut 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John McQuigg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1835

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	94	4	18	

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) Wright Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Robertson

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

12. MAIDEN NAME OF MOTHER Kizziah

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

14. INFORMANT Mrs. Eugene Jones
(Address) Springfield, Mo.

15. FILED Jan 18, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 29, to Jan 16, 1930 that I last saw her alive on Jan 16, 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

162 (duration) Dec 4 to Jan 16 - 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age

(duration) yrs. mos. ds.

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? No

1/18/30 (Signed) Robert T. Williams, M. D

, 19 (Address) Springfield 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 Brick Church — DATE OF BURIAL Jan. 18 1930

20. UNDERTAKER Alma Sohmeyer General Home — ADDRESS Springfield Missouri

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.

24.4