

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

Do not use this space.

18546

1. PLACE OF DEATH *Bates*
 County..... Registration District No. *50*
 Township..... Primary Registration District No. *3004*
 City *Butler* (No.) St. (Ward)

2. FULL NAME *Cathel G McQuitty*
 (a) Residence. No. *S. Main St* 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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 8 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 6 29

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)

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

10. NAME OF FATHER *W H Galcomb*

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

12. MAIDEN NAME OF MOTHER *Emma Morrison*

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

14. INFORMANT *Harry McQuitty*
 (Address) *Butler Mo.*

15. FILED *6/8 1930* *Nina L Culver*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 6th 1930*

I HEREBY CERTIFY That I attended deceased from *May 18th 30* to *June 6th 30* that I last saw her alive on *June 6th 1930* and that death occurred, on the date stated above, at *12 AM*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
III
100 (duration) yrs. mos. *6* ds.

CONTRIBUTORY (SECONDARY) *Influenza*
 (duration) yrs. mos. *10* ds.

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

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS *Clin Lab*
 (Signed) *L. S. Lee* M. D.

to *30* (Address) *Butler 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 *Green Lawn Cemetery* DATE OF BURIAL *June 8, 1930*

20. UNDERTAKER *Culver* ADDRESS *Butler 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.

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The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

Signed: _____
 Special Agent in Charge

100-10549