

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

Do not use this space.

30631

85

File No. _____
Registered No. **996**
St. _____ Ward)

1. PLACE OF DEATH
County Buchanan Registration District No. _____
Township Washington Primary Registration District No. 1001
City St Joseph (No. _____) 701 No 25th St. _____ Ward)

2. FULL NAME Byran Thomas Quigley
(a) Residence. No. 701 N 25 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.

OCT 22 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 1868

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>62</u> | <u>9</u> | <u>10</u> | |

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

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

10. NAME OF FATHER James Quigley

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

12. MAIDEN NAME OF MOTHER Eveline McGee

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

14. INFORMANT Miss Jennie Quigley
(Address) Albany Mo

15. FILED 9 30 19 31 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1931 to Dec 30 1931 that I last saw alive on Dec 29 1931, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Compens of the liver

124B
Chronic (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Inflammation
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John F. Jones, M. D.

Dec 30 1931 (Address) Albany 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 Kidwell Cemetery DATE OF BURIAL Oct 2 1931

20. UNDERTAKER Clifford Brooks ADDRESS Albany 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.

