

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

Do not use this space.

31104

1. PLACE OF DEATH

County Holt Co. Registration District No. 369
 Township S. Union Primary Registration District No. 5364
 City Craig Mo. (No.) St. Ward)

File No.
 Registered No. 17

2. FULL NAME

(a) Residence, No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Selma Quimby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1896
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 34 10 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation, (month and year) Sept 29, 1931 11. Total time (years) spent in this occupation 15 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Missouri
 13. NAME Thomas Quimby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 15. MAIDEN NAME Cora Wassen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (ADDRESS) Cora Quimby, Craig Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE 2.6.7 Cemetery DATE Oct 1 1931
 19. UNDERTAKER (ADDRESS) J. W. Davis, 1966 Craig, Missouri
 20. FILED Oct 1 - 1931 J. W. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1931
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
Homicide by
173 Fire Arms
 Date of onset
 Other contributory causes of importance:
173
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Date of injury Sept 29, 1931
 Where did injury occur? Craig Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. At home
 Manner of injury Homicide by Fire Arms
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) J. W. Davis M. D.
 (Address) Craig 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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