WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 23 1932

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

Do not use this space.

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1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85

5 Township — Primary Registration District No. 1001

9 City St Joseph Hospital (Sisters) (No. ..... St. ..... Ward)

File No. .....

Registered No. 8

2. FULL NAME Martha Jane Querry

(a) Residence, No. ..... St., ... Ward. McFall Mo (If nonresident, give city or town and State)
(Usual place of abode)

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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 - 1880

7. AGE: YEARS 51 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 234

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Mo~~ Unknown Mo

FATHER

13. NAME: John W. Querry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Mo~~ Unknown Mo

MOTHER

15. MAIDEN NAME: Nancy Daniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown ~~Mo~~ Mo

17. INFORMANT (ADDRESS): Wm Querry McFall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Mo DATE Jan 5 1932

19. UNDERTAKER (ADDRESS): G S Gromer Pattonsburg Mo

20. FILED 9-3 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Jany 3, 1932

I last saw her alive on Jany 3, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	~~Dec 31~~ Jany 3-32
121B	
111B	

Other contributory causes of importance:

Appendicitis	12/13/32

Name of operation Appendectomy Date of 12/18/31

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓ (1)

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Q. Tingrave, M. D.

(Address) St Joseph Mo. 520 Francis St