

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

Do not use this space.

4245

1. PLACE OF DEATH
 35 County Dunklin Registration District No. 288
 Township Dud Primary Registration District No. 472
 City (No. 3406) St. _____ Ward _____

2. FULL NAME Katherine Modell McQueen
 (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 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 27 - 31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 _____ 1 _____ 26 _____

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.
 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 Co 1

FATHER
 13. NAME Geo McQueen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Ola Willbaker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Geo McQueen
 (ADDRESS) Biass City

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Naziel Camp DATE 2/28 1932

19. UNDERTAKER Leutz Funeral Co
 (ADDRESS) Biass City Mo

20. FILED 2/24 1932 Thelma Jones
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1932 to Feb 23 1932
 I last saw h. _____ alive on Feb 23 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Bronchopneumonia 2-21
9 107A
 Other contributory causes of importance:
Whooping Cough 2-10

Name of operation _____ Date of _____
 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W L Peasage M. D.
 (Address) Kennett Mo

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. NO. 2

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 28 1932

