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.

AUG 22 1932

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

Do not use this space.

21970

1. PLACE OF DEATH

11 County Buchanan — Registration District No. — File No. 14

Township Marion — Primary Registration District No. — Registered No. 14

City — (No. 3 Miles East of Saxton, MO. St. Ward)

2. FULL NAME James C Quigley

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

Length of residence in city or town where death occurred 70 yrs. 10 mos. 25 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: Nancy Quigley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August. 8. 1861.

7. AGE: YEARS 70 — MONTHS 10 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C B & Q R R CO.

10. Date deceased last worked at this occupation (month and year): Jan 1925

11. Total time (years) spent in this occupation: 42. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Easton, Missouri. 1

FATHER

13. NAME: Michael Quigley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 15

MOTHER

15. MAIDEN NAME: Mary Manville

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

17. INFORMANT (ADDRESS): Nancy Quigley Easton, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blakely Cemetery DATE July. 6. 1932

19. UNDERTAKER (ADDRESS): H. O. Sidenfoden 1802 Union Street St. Joseph, MO.

20. FILED 8/10 1932 D.E. Bigham MD Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July. 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from Viewed On, 19, to, 19

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 4. a. m.

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

Chronic Myocardistis — Date of onset

93C
97 93C

Other contributory causes of importance:

Arterio Sclerosis 5

Name of operation none Date of

What test confirmed diagnosis? History 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, 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) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis