

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.

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

Do not use this space.

6812

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 55 File No. 10
 Township Auderson Primary Registration District No. 40-33 Registered No. 1031
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Donald Qualles
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1922
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) New Madrid Co
 FATHER 13. NAME Arthur Qualles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Zetta Coleman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Arthur Qualles
 (ADDRESS) Auderson Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE Feb 15 1933
 19. UNDERTAKER None
 (ADDRESS) _____
 20. FILED Mar 10 1933 W. D. Mumma
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1933 to Feb 14 1933
 I last saw him alive on Feb 13 1933 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia following Whooping Cough
 Date of onset 9/10/32
 Other contributory causes of importance: None
 Name of operation None Date of None
 What test confirmed diagnosis? Culture Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. G. Geis, M. D.
 (Address) Auderson Mo

