

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

Do not use this space.

15479

1. PLACE OF DEATH

105 County Sullivan Registration District No. 852
 5 Township _____ Primary Registration District No. 4518
 2 City Milan (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Harriett Emeline Quigley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>John W. Quigley</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 9, 1860</u>		
7. AGE <u>72</u>	YEARS <u>10</u>	MONTHS <u>13</u>
		DAYS <u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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) <u>Near Milan, Missouri</u>		
FATHER	13. NAME <u>Webster Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Nancy Jane Ewing</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Bert Quigley</u> (ADDRESS) <u>Milan, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Rock Grove Milan</u> DATE <u>Apr. 24, 1933</u>		
19. UNDERTAKER <u>C. A. Schol</u> (ADDRESS) <u>Milan, Mo.</u>		
20. FILED <u>4/29</u> , 19 <u>33</u> <u>Mayme Caffee</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to April 22, 1933
 I last saw her alive on April 22, 1933. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:
4715
Carcinoma of lungs June 1933
 Date of onset

Other contributory causes of importance:
4716

Name of operation none Date of _____
 What test confirmed diagnosis? X-ray 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) Myron D Jones, M. D.
 (Address) Milan, Mo.

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.

JUN 24 1933

U. S. NO. 2

MARGIN RESERVED FOR BINDING

