

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

Do not use this space.

19987

File No. _____
Registered No. 2705
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Lead State Registration District No. 1007
City Keosauqua, Mo (No. Keosauqua Hospital)

2. FULL NAME

(a) Residence, No. 3883 E 67th St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>L. D. McQuinn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/10/09</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>1</u>
	DAYS <u>19</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>housewife</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>Missouri</u>		
MOTHER	13. NAME <u>Lueta Jean Sell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Violet Walker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>R. C. D. Hospital</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leawards, Mo</u> DATE <u>July 1, 1933</u>		
19. UNDERTAKER <u>Johnson Mortuary</u> (ADDRESS) <u>Leawards, Mo</u>		
20. FILED <u>June 29, 1933</u> <u>M. D. Greene</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/11/32, 1932 to 6/24/33, 1933.
I last saw her alive on 6/27/32, 1932. Death is said to have occurred on the date stated above, at 11:20 AM.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1 yr
23 yr

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis X-ray + Sputum and was an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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? No
If so, specify None
(Signed) R. C. D. Hospital
(Address) Keosauqua City, 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.

2-35
1
10

