

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

Do not use this space.

1. PLACE OF DEATH

County Cedar

Registration District No. 164

File No. 22584

Township 2

Primary Registration District No. 4076

Registered No. _____

City Jerico Spgs (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1870

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

<u>63</u>	<u>4</u>	<u>29</u>	
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 93

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95

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) West Virginia

13. NAME Henry Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME McCaity

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mildred McQuillen (ADDRESS) Jerico Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jerico Spgs Mo DATE 7/10 1933

19. UNDERTAKER J. Mitchell (ADDRESS) Jerico Spgs Mo

20. FILED _____ 19 _____

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 9 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 5:30 A.M.

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

Date of onset

Died of Heart trouble
She had it for years
Died very sudden

Other contributory causes of importance:

Myocarditis

Name of operation _____ Date of July 10 33

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? _____

If so, specify _____

(Signed) Melvin Church

(Address) Stockton Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Aug 22 1933

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