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 26 1933

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

Do not use this space.

23680

1. PLACE OF DEATH

59 County Livingston — Registration District No. 508 — File No.

1 Township — Primary Registration District No. 3026 — Registered No. 87

7 City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME John A McQuistion

(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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Maude Fisher McQuistion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1881

7. AGE — YEARS: 52 — MONTHS: 1 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

92

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

FATHER

13. NAME John H McQuistion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

MOTHER

15. MAIDEN NAME Mary J Wollard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

17. INFORMANT (ADDRESS) Mrs Chas Spooner Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 7-17 1933

19. UNDERTAKER (ADDRESS) F B Norman Chillicothe Mo

20. FILED July 17, 1933 R Barney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, to him, 19..

I last saw him alive on July 12, 1933. Death is said to have occurred on the date stated above, at 5 a. m.

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

Caused by heart trouble
Fatty degeneration

Date of onset: Do not know

Other contributory causes of importance:

92C
95D

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? 1

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? — (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) H. M. Grace, M. D.
(Address) Chillicothe Mo.