

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

Do not use this space.

7622

1. PLACE OF DEATH

County Worth
Township Glitchall
City Independence (No. _____)

Registration District No. 903
Primary Registration District No. 10312

File No. _____
Registered 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Quincy
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1891
8. YEARS 83 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) 1923 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentworth, Mo.

MOTHER FATHER 13. NAME Joseph Quincy

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

15. MAIDEN NAME Elizabeth Ball

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

17. INFORMANT Martha Howell (ADDRESS) Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE 2/16 1934

19. UNDERTAKER Arch C. Dumble (ADDRESS) Independence Mo.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-12 3P, to Feb-14, 1934
I last saw him alive on Feb-14, 1934. Death is said to have occurred on the date stated above, at 11 A.M.

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

Pneumonia (lobar) Date of onset 2-12-34
148

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) J. Ward, M. D.
(Address) Independence Mo.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township Fitchell
City (No.)

Registration District No. 903
Primary Registration District No. 6212

File No.
Registered 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Gurney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8, 1851

7. AGE YEARS 83 MONTHS 1 DAYS 5 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Germany

13. NAME Joseph Gurney

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

15. MAIDEN NAME Elizabeth Boll

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

17. INFORMANT (ADDRESS) Myrtle Howard
Grant City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE 2/16 19 34

19. UNDERTAKER (ADDRESS) Arch C. Dummer
Grant City

20. FILED March 5, 1934, Fred Mull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934 to Feb 14, 1934

I last saw h. alive on Feb 14, 1934 Death is said to have occurred on the date stated above, at 11:41 a. m.

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

Pneumonia - later 2/12/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? N.O.

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) O. J. Pacey, M. D.

(Address) Grant City

5-7622