

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.

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

Do not use this space.

Feb 20 1935

401

1. PLACE OF DEATH

County Callaway
Township Shamrock
City..... (No.)

Registration District No. 116
Primary Registration District No. 5166

File No. 34
Registered No. 34
St. Ward)

2. FULL NAME

Mattie Jane McQueen

(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 40 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF G. W. McQueen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 26

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

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

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) Rolla Mo

13. NAME Wm Page

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

15. MAIDEN NAME Sarah Brown

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

17. INFORMANT (ADDRESS) J. E. McQueen
Marion Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wells Smith DATE 16 1935

19. UNDERTAKER (ADDRESS) Wells Smith, Inc.

20. FILED 1-15 1935 Ethel Armstrong
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1935

22. I HEREBY CERTIFY that I attended deceased from Sept 20 1934 to Jan 14 1935

I last saw him alive on Jan 14 1935 Death is said to have occurred on the date stated above, at Wells Smith.

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

Carcinoma of Bowel Date of onset ?

Other contributory causes of importance: Myocarditis

Name of operation..... Date of.....
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? No
If so, specify.....

(Signed) J. W. Poland M. D.
(Address) Wells Smith, Inc.

