

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.

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

Do not use this space.

MAR 27 1935

6223

1. PLACE OF DEATH

County Newton Registration District No. 609
Township _____ Primary Registration District No. 4363
City Neosho (No. _____) St. _____ Ward _____

File No. 158

Registered No. _____

2. FULL NAME Aranda Quinby

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>John Thomas Quinby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>14</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>Martin Quigley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Jane Mathis</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT <u>Mrs Maude Cellman Neosho Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2007 Cemetery</u> DATE <u>2/28</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Bushman's Neosho Mo</u>		
20. FILED <u>2-27</u> 19 <u>35</u> <u>Dr. E.M. Roachberry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1935 to Feb 27 1935
I last saw her alive on Feb 27 1935 Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Right) Date of onset 2/25/35

Other contributory causes of importance
Coronary

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?
If so, specify Cardiac _____, M. D.
(Signed) Paul Stele
(Address) Neosho Mo

