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

MAY 24 1935

Do not use this space.

12756

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: ~~Kan.~~ — Primary Registration District No.: 1099 — Registered No.:
City: Kansas City (No.: Trinity Lutheran Hospital St.: 1440 Ward)

2. FULL NAME: James R. Quigg
(a) Residence, No.: 2904 Baltimore Ave. St.: Ward:
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 45 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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: Edith Belle Quigg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1869

7. AGE: Years 66 — Months 1 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Master Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K. C. Terminal Ry.
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): Scotland

FATHER
13. NAME: James S. Quigg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Catherine Mc Kenna
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT: Mrs. Harry P. Hovey
(ADDRESS): Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: April 6, 1935

19. UNDERTAKER: Freeman Mortuary & Chapel
(ADDRESS): 104 West 42nd Street

20. FILED: 4-4, 1935 M. M. Crouse asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3.26, 1935, to 4.3, 1935
I last saw him alive on 4.2, 1935. Death is said to have occurred on the date stated above, at noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure. Hypertension	
Heart disease	

Other contributory causes of importance:
Chronic nephritis
Prostatic hypertrophy

Name of operation: Transurethral prostatic resection Date of: 3.29.35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

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) Ross Stevenson M. D.
(Address) 1019 Professional Bldg.

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

100M—11-24-33

Prof. [illegible]
12 [illegible] 4