

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

Do not use this space.

22572

19 1935

1. PLACE OF DEATH

County Daviess
Township Union
City _____ (No. _____)

Registration District No. 250
Primary Registration District No. 5348

File No. _____
Registered No. 756A ~~756~~
St. _____ (Ward) _____

2. FULL NAME Jacob Sheridan 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 1 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 Melvina McQueen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 11 20

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. Agriculture
10. Date deceased last worked at this occupation (month and year) July, 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tennessee

FATHER
13. NAME David Murray McQueen

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

MOTHER
15. MAIDEN NAME Betty Cornett

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

17. INFORMANT Marshall McQueen
(ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek Cem DATE July 3, 1935

19. UNDERTAKER Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 7-3- 1935 Ph Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1935

22. I HEREBY CERTIFY That I attended deceased from April 22, 1935 to July 2, 1935
I last saw him alive on April 22, 1935. Death is said to have occurred on the date stated above, at 4:45 AM
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance:

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) L. R. Doolin, M. D.
(Address) Gallatin, Mo.

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.

