

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

Do not use this space.

OCT 24 1935

29943

1. PLACE OF DEATH

County Laclade
Township
City Lebanon (No. _____)

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Baird Quigley
(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>M</u>	4. COLOR OR RACE <u>W</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>Ava Andrews</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26 1856</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		11. Total time (years) spent in this occupation
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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss

13. NAME Wm B Quigley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Haven Penn

15. MAIDEN NAME Isabella D. Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plaquemine La

17. INFORMANT (ADDRESS) Mrs J. J. Currey

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Sept 19 1935

19. UNDERTAKER (ADDRESS) W. E. Halman

20. FILED 9/18 1935 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/6 1935, to 9/17 1935

I last saw him alive on 9/16 1935. Death is said to have occurred on the date stated above, at 10:20 P.M.

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

nephritis and
ulcer rectum and
Senility

Other contributory causes of importance:

Name of operation None 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:
Cause, 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 _____

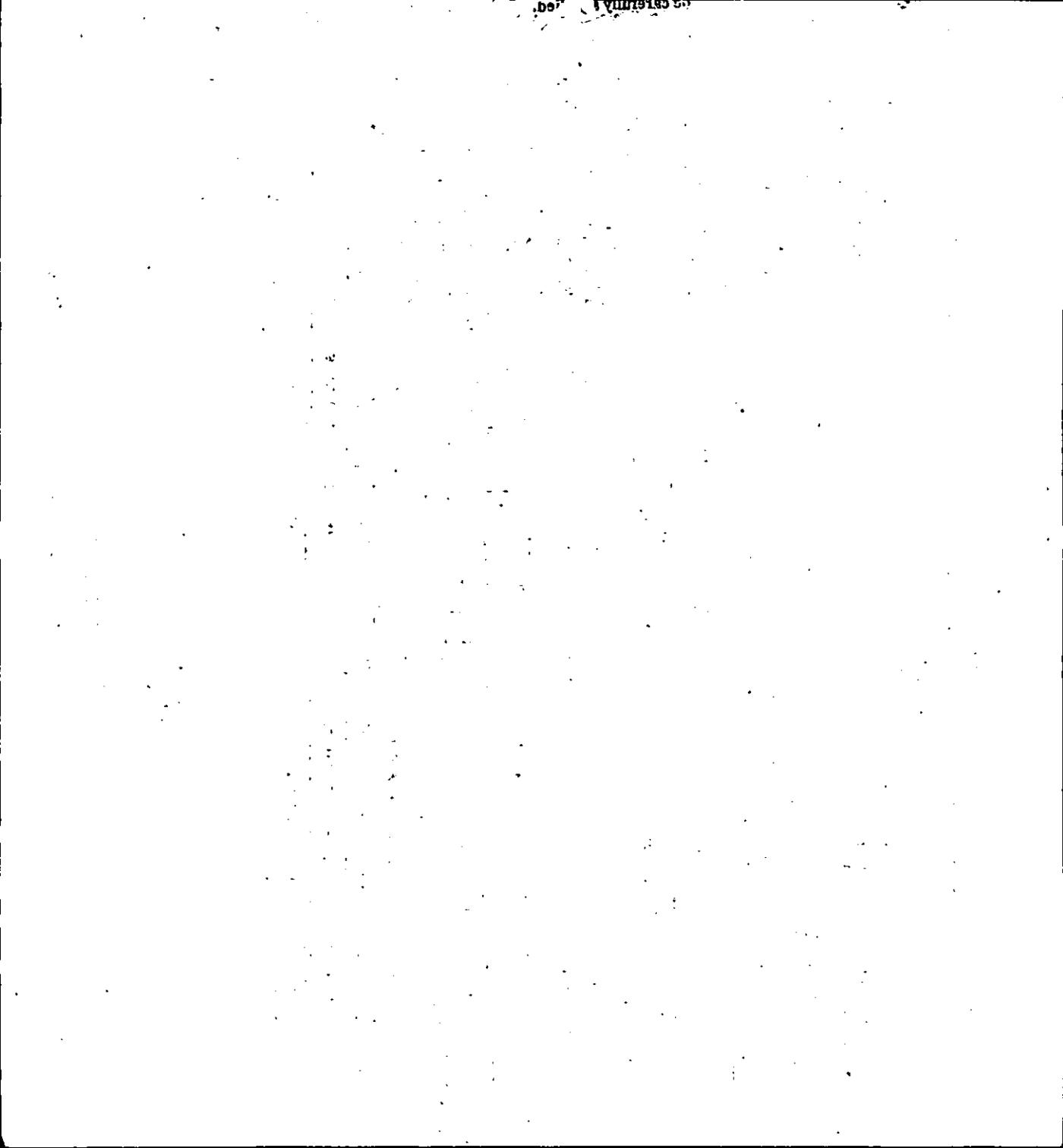
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. L. Berage M. D.

(Address) Lebanon, 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS CERTIFICATE

1. PLACE OF DEATH

County Laclede
Township Lebanon
City Lebanon (No. St. Ward)

Registration District No. 449
Primary Registration District No. 4267

File No.
Registered No.

2. FULL NAME

John Baird Coughlin

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

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

Last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

7. AGE YEARS 79 MONTHS 6 DAYS LESS than 1 day hrs. For min.

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

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

Nephritis and ulcer of stomach
chronic nephritis

Date of onset

Other contributory causes of importance:

Security

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

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19 .

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

Where did injury occur? (Specify city or town, county, and State)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury
Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

If so, specify

19. UNDERTAKER (ADDRESS)

(Signed) J. P. Coughlin, M. D.

20. FILED 10/18 1935 J. A. McCoub Registrar

(Address) Lebanon

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