

NOV 22 1935

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

Do not use this space.

33229

1. PLACE OF DEATH

County Lewis
Township Canton
City Canton, Mo. (No. _____)

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

Arthur Ray 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 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 Edith Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
199 56 4 27

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

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) 1932 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oelwein, Iowa

13. NAME C. H. McQueen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oelwein, Iowa

15. MAIDEN NAME Emma Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oelwein, Iowa

17. INFORMANT Mrs. Edith McQueen
(ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove Canton, Mo. DATE Oct 29, 1935

19. UNDERTAKER F. D. Kelly, Canton, Mo.
(ADDRESS)

20. FILED Nov 2, 1935 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1935 to Oct. 26, 1935

I last saw him alive on Oct. 26, 1935 Death is said

to have occurred on the date stated above, at 9:00 P.M.

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

Valvular disease of heart
920

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) T. W. Jennings, M. D.

(Address) Canton, 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.

WHITE BOARD, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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