Dr David Enlow

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

DEC 17 1935

Do not use this space.

35537

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 314

2. FULL NAME David E. Quigg

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
3	10	10	

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

FATHER
13. NAME E.H.Quigg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Missouri

MOTHER
15. MAIDEN NAME Constance Van Dover
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeQueen, Arkansas

17. INFORMANT (ADDRESS) E.H.Quigg Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Nov--13--, 1935

19. UNDERTAKER (ADDRESS) Roche G. Gordon Jefferson City Mo.

20. FILED 11/15/1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-11-35, 19, to 11-11-35, 19
I last saw him alive on 11-11, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	11/10/35

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) David Enlow, M. D.
(Address) Jefferson City, Mo.

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.