

JAN 29 1937

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

Do not use this space.

44314

1. PLACE OF DEATH

County Franklin Registration District No. 294 File No. _____
Township Central Primary Registration District No. 5409B Registered No. _____
City St. Clair, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Emma Mason Quets
(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. W MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF H. Frank Quets

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 7 31

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Marion Mo

MOTHER 13. NAME Rolla Mansel

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

15. MAIDEN NAME Olivia Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2 in creek Mo

17. INFORMANT Paul Hansel (ADDRESS) St. Clair Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Old Tallow DATE Dec. 9 36

19. UNDERTAKER Wm. Carey & Co. (ADDRESS) St. Clair Mo

20. FILED Dec 30, 1936 W. E. Hutchins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 8 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 36, 1936, to Dec - 8 - 36, 1936

I last saw her alive on Dec. 7 - 1936 Death is said

to have occurred on the date stated above, at 6:41 a.m.

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

Influenza - Date of onset 12/1/36
As
Other contributory causes of importance: Aortic Stenosis

Name of operation 40 Clinic Date of _____

What test confirmed diagnosis? Clinical 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 W. E. Hutchins M. D.

(Signed) W. E. Hutchins (Address) St. Clair

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.

