

FEB 8 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2550

## 1. PLACE OF DEATH

County PellissRegistration District No. 668Township 4Primary Registration District No. 3032City Madulga (No. 7)File No. 19Registered No. 668

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 112 W. Cooper 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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Margie White6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown7. AGE YEARS 57 MONTHS Unknown DAYS Unknown If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Care of cattle10. Date deceased last worked at this occupation (month and year) August 1936 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline, Co. Mo13. NAME Joe White14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Saline Quigley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Julia Presley (ADDRESS) Saline, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Saline, Mo DATE Jan 22 193719. UNDERTAKER J. J. Ferguson (ADDRESS) Saline, Mo20. FILED Jan 22 1937 Jean Slack Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19 193722. I HEREBY CERTIFY, That I attended deceased from May 1 1936, to 1/19 1937I last saw him alive on 4/19 1937 Death is saidto have occurred on the date stated above, at 11:30 p.m.

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

Cardiac Dropsy 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?

If so, specify \_\_\_\_\_

(Signed) M. W. C. Quigley M. D.(Address) Saline, Mo

