

FEB 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 785
Township Waverly Primary Registration District No. 9084
City Waverly (No. 537, Union Ave) St. 1 Ward 1

File No. 2732
Registered No. 34

2. FULL NAME

(a) Residence, No. 537 Union Ave, 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1859

7. AGE YEARS 76 MONTHS 8 DAYS 16 IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 96
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation..... 1

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

13. NAME Eli Queen

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

15. MAIDEN NAME Mary Jane Grimes

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

17. INFORMANT Mrs. Henry Queen (ADDRESS) Waverly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Mo. DATE July 2 - 1937

19. UNDERTAKER Virginia J. Van (ADDRESS) Waverly Mo.

20. FILED 2/2 1937 Virginia J. Van Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 - 1937

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936, to January 31, 1937. I last saw him alive on January 31, 1937. Death is said to have occurred on the date stated above, at 11:15 m. The principal cause of death and related causes of importance were as follows:

Cancer of the lung

Date of onset ?

Other contributory causes of importance: Unknown

Name of operation none Date of none

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.....

(Signed) Thos. J. Shumway, M. D.

(Address) Waverly 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.

