

MAN 221931

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Franklin
City Boonville (No. Franklin)

Registration District No. 496
Primary Registration District No. 3025

File No. 7075
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Myran Mo. S. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE (MARRIED, WIDOWED, OR DIVORCED) (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 3rd / 1892

7. AGE YEARS 45 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers
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) 2 yrs 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME John Quigley

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

15. MAIDEN NAME Harriet Cross

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

17. INFORMANT (ADDRESS) Chas. P. Sanger

18. BURIAL, CREMATION, OR REMOVAL PLACE Myran Mo DATE July 14 '37

19. UNDERTAKER (ADDRESS) C. A. Schoene

20. FILED Mar 17 1937 J. W. Lucas, M-D Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1937 to 7/14, 1937

I last saw him alive on 7/11, 1937 Death is said to have occurred on the date stated above, at 10:30 am
The principal cause of death and related causes of importance were as follows:

Other causes of importance: Loss of skill & fracture of vertebra (12 dead) 1 hr struck by car while (St. Charles Highway 36) for accident 2:10 AM

Name of operation None Date of _____
What test confirmed diagnosis? U & L Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 7/11, 1937
Where did injury occur? Highway 36 - 10 mi W. Boonville (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. P. Sanger, M. D.
(Address) Boonville, 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.

