

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH: 113 County Worth Registration District No. 903-1
 Township Leitchfield Primary Registration District No. _____
 City Grand City, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Charley Hunter McQuigg
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) 25 (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>1</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lawyer

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) Irish Springs
Mo.

13. NAME John McQuigg

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

15. MAIDEN NAME Sarah Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisville
Ohio

17. INFORMANT Les McQuigg
(ADDRESS) Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leitchfield DATE 4-9 37

19. UNDERTAKER Andrews
(ADDRESS) Grand City, Mo.

20. FILED 4-9 19 Walter M. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7 37

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to April 7 1937
 I last saw him alive on April 7 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 4/7/37

Other contributory causes of importance: SA

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) O. R. Tullerton, M. D.
 (Address) Red Bank, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1870