

SEP 15 1937

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

Do not use this space.

File No. 30080

Registered No. 178

St. _____ Ward _____

10. PLACE OF DEATH
County Boone Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. Noyes Hospital)
2. FULL NAME Emma Ava McQuitty
(a) Residence, No. 9 Kuhlman Court 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-1888
7. AGE YEARS 49 MONTHS 1 DAYS 1
If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Columbia, Missouri
13. NAME Joseph T. Stockton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Know

17. INFORMANT (ADDRESS) J. Guy McQuitty Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 8-8-1937

19. UNDERTAKER (ADDRESS) Parker Furniture Co.

20. FILED 8/7/1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-1937
22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to Aug 7, 1937
I last saw her alive on Aug 7, 1937 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:
pneumonia (septic)
Date of onset 7/11/37
affair
Other contributory causes of importance:
Followed extraction of 8 septic teeth

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) E. S. Bassett M. D.
(Address) Columbia, 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.

OCCUPATION

FATHER

MOTHER

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