

NOV 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township

Primary Registration District No. 3008City Fulton

(No. \_\_\_\_\_)

File No. 37300Registered No. 248

Ward \_\_\_\_\_

(Ward)

2. FULL NAME Alma Squires(a) Residence, No. Centralia, Missouri, Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 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

Taylor Squires

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

D. K. 1880

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

57

OCCUPATION

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

None

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)

Missouri

FATHER

## 13. NAME

Charles Quisenberry

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

Kentucky

MOTHER

## 15. MAIDEN NAME

Addie Brockman

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

Kentucky

## 17. INFORMANT

Hospital Records

(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1937

## 19. UNDERTAKER

(ADDRESS)

## 20. FILED

Oct. 14, 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 193722. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1937, to Oct. 14, 1937I last saw her alive on Oct. 13, 1937 Death is said to have occurred on the date stated above, at 7:25 A. M.

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

Chronic myocarditisDate of onset D. K.

Other contributory causes of importance:

Generalized arteriosclerosis D. K.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

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

(Signed) T. S. Lapp(Address) Fulton, MissouriT. S. Lapp, M. D.

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

Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

4  
2  
7

21

2  
2

