

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.

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ball
Township Clay
City Highway U.S. #61 South

Registration District No. 728
Primary Registration District No. 5961

File No. 46439
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Quincy P. See
(a) Residence, No. 1381 Ely St. _____ 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1911

7. AGE YEARS 26 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tape Drainer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100
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) Mason County, Mo

13. NAME Eli A. See

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shilby County, Mo

15. MAIDEN NAME Joda C. Smart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County, Mo

17. INFORMANT Mrs. Joda See (ADDRESS) 1321 Ely St. Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL Grandview Burial PLACE Dec 30 DATE 1937

19. UNDERTAKER James O'Connell (ADDRESS) Hannibal, Mo

20. FILED Dec 31 19 37 Mason County Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from No medical attention, 19____
I last saw him alive on _____, 19____ 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:

Death Caused by
Unavoidable Accident
By Perish of Fire
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/26/37

Where did injury occur? Shilby County, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury Auto Accident

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) Clyde C. Williams
(Address) Hannibal, Mo

210m

457-05A VACUUM METER NO. 100000
AT 100000

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46439

Do not use this space.

1. PLACE OF DEATH

(a) County Ralls Registration District No. 728
(b) Township Clay Primary Registration District No. 396 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF Married

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, assawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19 _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 30 1937 Marvin Short Local Registrar
Jan 10 38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Death caused by
irreversible accident
By verdict of jury
Other contributory causes of importance: _____

Name of operation Autopsy 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? accident Date of injury Dec 28, 1937

Where did injury occur? Ralls Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Highway

Nature of injury auto accident

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Clyde C Williams Case

(Address) Perry Mo

