

REC JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATHCounty GentryRegistration District No. 309File No. 18223

Township.....

Primary Registration District No. 4185Registered No. 28City Albany

(No.)

St. Ward)

2. FULL NAMESilas Edward Edgar Quigley241

(a) Residence, No. St. Ward.

(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**MEDICAL CERTIFICATE OF DEATH**3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett22. I HEREBY CERTIFY, That I attended deceased from 1936 19... to May 9, 1938I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at 9 A. m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1868

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 6 5

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired FarmerDropsy, caused by Chronic Myocarditis and Chronic Nephritis.

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) Gentry Co. Mo.13. NAME William Quigley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Nancy Price16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT Mrs Harriett Quigley
(ADDRESS) Albany, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE 5-11 193819. UNDERTAKER Robert L. Yapple
(ADDRESS) Albany, Mo.20. May 11, 1938 W. F. Martin
Registrar.

Other contributory causes of importance:

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) C. J. Pray, M. D.(Address) Albany, Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

