

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

**25470**  
 Do not use this space.

**REC'D AUG 10 1938**

**1. PLACE OF DEATH**

(a) County Howard Registration District No. 877  
 (b) Township Beonshub Primary Registration District No. 3325  
 (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**

Wera Norwood Quinley 541  
 (a) Residence, No. Franklin mo. 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 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 John F. Quinley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1856  
 7. AGE YEARS 81 MONTHS 9 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) 1924 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME John Corro 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Lucinda Graham 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) John Miller  
Franklin mo. RR 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Beonshub mo. DATE 7/24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Hadden  
New Franklin mo.

20. FILED July 23 1938 Mrs. Elizabeth Shipley Local Registrar. 338

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1938

22. I HEREBY CERTIFY That I attended deceased from June 15 1937 to July 21 1938  
 I last saw her alive on July 17 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

myocarditis senile arteriosclerosis cerebral arteriosclerosis general  
 Date of onset not known  
Q. P. I.

Other contributory causes of importance:  
arteriosclerosis cerebral  
arteriosclerosis general

Name of operation none Date of.....  
 What test confirmed diagnosis? none 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? no  
 If so, specify.....  
 (Signed) G. G. Chamberlain M. D.  
 (Address) New Franklin mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

*H. L. Hall*

Registered Apprentice No. ...., working under my personal supervision.

Signed

*H. L. Hall*

Licensed Embalmer No.

*3515*

P. O. Address

*New Franklin, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**