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

REC'D OCT 27 1938

33541
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon
(b) Township Washington
(c) City Nevada
Registration District No. 875
Primary Registration District No. 6662
Registered No. 234
(d) Street No. State Hospital #3, Nevada
(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 0 yrs. 0 mos. 16 ds. (f) How long in U. S., if of foreign birth? - yrs. — mos. — ds.

2. PRINT FULL NAME Catherine Quigley
(a) Residence, No. Bronaugh, Mo. St.
(Usual place of abode, if no street address, write county or city) (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): Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1852
7. AGE: Years 86 Months 9 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Ireland

FATHER
13. NAME James Quigley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Catherine —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Records of Hosp #3 Nevada, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwood DATE Sept 13 1938
19. FUNERAL DIRECTOR (NAME) Neary Funeral Home
(ADDRESS) Nevada, Mo.
20. FILED 9-13 1938 Allen D Hamp
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938
22. I HEREBY CERTIFY, That I attended deceased from August 10, 1938 to Sept 10, 1938
I last saw her alive on Sept 10, 1938. Death is said to have occurred on the date stated above, at 9 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1938+
Other contributory causes of importance:	
Fracture of Hip	Feb 1938

Name of operation none 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? no Date of injury Feb, 1938
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Fracture of Hip
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. C. Miller, M. D.
(Address) State Hospital #3 Nevada, 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-38-227
Date Filed 10-11-38

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, Personall

....., or by .....

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

Signed Floyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

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