

REC'D NOV 18 1936

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

35026  
Do not use this space.

1. PLACE OF DEATH Bates

(a) County Bates Registration District No. 03

(b) Township Rich Hill Missouri Primary Registration District No. 2005

(c) City Rich Hill Missouri 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 230 Claude Wesley Mc Quitty

(a) Residence, No. East Walnut Street 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 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 Hilda Mc Quitty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6th/ 1887

7. AGE YEARS 51 MONTHS 1 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Monroe (STATE OR COUNTRY) Missouri

13. NAME Frank McQuitty

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

15. MAIDEN NAME Eliz. Morgan

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

17. INFORMANT (ADDRESS) Hilda McQuitty Rich Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE OCT 9 1936

19. FUNERAL DIRECTOR (NAME) Booth (ADDRESS) Rich Hill, MO

20. FILED 44 19 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8/ 36 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on Oct. 7, 36 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:22 AM

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation None Date 10/8/36

What test confirmed diagnosis Blood 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? No

If so, specify \_\_\_\_\_ (Signed) R. M. Rice, M. D.  
Butler, Mo (Address)

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.

RECEIVED

District Health Officer No. 7,

District File Number

7-38-408

Date Filed

7-15-38

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:

*myself*

or by

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

Signed

*John G. Anderson*

Licensed Embalmer No.

3585

P. O. Address

*Rice Hill 2*

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.