DEC 16 1938

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

39306
Do not use this space.

1. PLACE OF DEATH
(a) County Hickory — Registration District No. 364
(b) Township Stark — Primary Registration District No. 5509 — Registered No. 8
(c) City Preston — (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 Ella G. Quinley
(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: fm
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Quinley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25, 1854
7. AGE: YEARS 84 — MONTHS — DAYS 5 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, 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): Georgia

FATHER
13. NAME: Chas Hooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga

MOTHER
15. MAIDEN NAME: Epsie Herndon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga

17. INFORMANT (ADDRESS): C C Hooks, St Elmo - Ill
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hackett — DATE: 12/1 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J R Lucky, Wheatland Mo
20. FILED: Nov 30, 1938 — J M Robertson, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Nov 30, 1938
I last saw her alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 4:00 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cordiac Massaca | Nov 1-1938 |
| 131 | |
| Other contributory causes of importance: Chron's Nephritis & Fedrys | 2 yrs |

Name of operation: Phy Examiner — 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? ..... 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) L. A. Glasco, M. D.
325 (Address) Urbana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 7-38-465
Date Filed 12-5-38

**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, .....

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

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

Signed J. R. Lucky

Licensed Embalmer No. 2982

P. O. Address Wheatland

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

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