

REC'D JAN 13 1939

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

42553
Do not use this space.

1. PLACE OF DEATH

(a) County Calverly Registration District No. 104
(b) Township Calverly Primary Registration District No. 5157A Registered No. 306
(c) City Calverly (d) Street No. Rt #1 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. da.

2. PRINT/FULL NAME Eutlexia Qualls

(a) Residence, No. Calverly Fullerton St. Calverly, Missouri
(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 4 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roselle Qualls (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Missouri13. NAME Alexander Altiser14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Marguerite Sparks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mrs Jack Herring
(ADDRESS) Fulton, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Ebenezer Church DATE Dec 19, 193819. FUNERAL DIRECTOR (NAME) Geo H Wallace
(ADDRESS) Fulton, Missouri20. FILED Dec 17, 1938 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Dec 16, 1938
I first saw her alive on Dec 16, 1935 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
82 W
Date of onset 12-14/38

Other contributory causes of importance:
Influenza

Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 1938Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no
(Signed) R. N. Crews, M. D.
(Address) Fulton, Mo

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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 *Harold Christy*.....

Licensed Embalmer No. *4002*.....

P. O. Address *Dulton, 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.