

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

9984
Do not use this space.

APR 18 1939

1. PLACE OF DEATH
 (a) County Benton Registration District No. 61
 (b) Township West Town Primary Registration District No. 5096 Registered No. 13
 (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 Kattie M. Quick
 (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 Female
 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 Olmer D. Quick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 18

OCCUPATION
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City, Mo.

FATHER
 13. NAME William F. Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Blanche Curley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. G. J. Russell
640 Tanaka Ave., N. C., Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shady Grove Cem. DATE March 21, 1939

19. FUNERAL DIRECTOR (ADDRESS) Ed M. White
Warsaw, Mo.

20. FILED 3/21 1939 Jas A. Logan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from one time, 19 , to , 19 .
 I last saw her alive on March 19, 1939. Death is said to have occurred on the date stated above, at 2:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Heart trouble (rumatic) Date of onset _____
Mitral Valve insufficiency
 Other contributory causes of importance: A2 in

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) M. J. Russell, M. D.
 (Address) Warsaw, 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.

MO. REG. 2.
 V. 5, NO. 2.
 50M-7-20-37
 I X12004

RECEIVED

District Health Officer No. 7,
District File Number 7-39-488
Date Filed 4-11-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)