

APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Black Creek
City (No. 2)

Registration District No. 831
Primary Registration District No. 6092

File No. 12520
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James B. Quigley
(a) Residence, No. Infermary St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) ? 1856

7. AGE YEARS 83 MONTHS none DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, 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) Shelby Co. Mo.

13. NAME John L. Quigley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME Louisa Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mourne Co. Mo.

17. INFORMANT E. M. Cadwell (ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Mo. DATE Apr-1-1939

19. UNDERTAKER E. P. Thompson (ADDRESS) Shelbyville, Mo.

20. FILED April 1939 Paul Hae Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-30-1939

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939, to March 30, 1939

I last saw him alive on March 30, 1939 Death is said to have occurred on the date stated above, at 11:22 p.m.

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

accidental fracture of right hip Date of onset Jan 27 1939

Other contributory causes of importance: Senility

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Mar 29 1939

Where did injury occur? Supermarket (Specify city or town, county, and State)

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

Manner of injury fall on floor (accident)

Nature of injury fracture of right hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. M. Cadwell, M. D.

(Address) Shelbyville 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.

RESERVED FOR BIRTHS

10096-11-24-33

RECEIVED

District Health Officer No. 90

District File Number 10-392-148

Date Filed APR 13 1939

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