Dr Nichols,

REC'D SEP 14 1939

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

28742
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway Registration District No. 1111
(b) Township Liberty Primary Registration District No. 5163 Registered No.
(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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
4 20

2. PRINT FULL NAME Lucy Belle Quails
(a) Residence, No. R.F.D. #1 Auxvasse St.
(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: 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 Loyd Quails.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1870

7. AGE: Years 69 | Months 6 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

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) Audrain County Mo

FATHER
13. NAME Williams L. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Mary E. Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs. Everett Jenkins Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Elmwood, Mexico Mo DATE Aug. 14 39

19. FUNERAL DIRECTOR (NAME) H. A. Pruett & Son (ADDRESS) Mexico, Mo.

20. FILED Aug 17 1939 B. H. Stephens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21 1939 to August 12 1939
I last saw alive on Aug 11 1939. 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:

Carcinoma of the left Kidney — Date of onset

Other contributory causes of importance:

53.

Name of operation Date of
What test confirmed dingnosis? 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) D. B. Nichols M.D.
(Address) Auxvasse Mo

110

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14025

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, Earl E. Pruett, or by _____,

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

Signed Earl E. Pruett

Licensed Embalmer No. 3189

P. O. Address Milan, 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.