

SEP 8 1939

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

Do not use this space.

28853

1. PLACE OF DEATH

County Chariton
Township Keytesville
City Keytesville (No. _____)

Registration District No. 171
Primary Registration District No. 4100

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME JANE KNOX QUICK

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe P. Quick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-20-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Quincy Ill.

13. NAME John Knotts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Anna Jane Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Raymond Quick
Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Debt Bryansville Mo DATE Aug 17, 1939

19. UNDERTAKER (ADDRESS) L. Maessell
Bryansville Mo

20. FILED 8/17 1939 Miss Ray Sander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1939 to August 15, 1939
I last saw her alive on August 15, 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia (Date of onset _____)
Other contributory causes of importance: fracture neck of rt femur

Name of operation _____ 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? _____ 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) Carl C. Heger M. D.

(Address) Keytesville, Mo

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.

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DISTRICT HEALTH OFFICER NO. 8,
DISTRICT FILE NUMBER
9/6/39
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DISTRICT HEALTH OFFICER NO. 8,
DISTRICT FILE NUMBER

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DISTRICT HEALTH OFFICER NO. 8,
DISTRICT FILE NUMBER
9/6/39
RECEIVED
DISTRICT HEALTH OFFICER NO. 8,
DISTRICT FILE NUMBER

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L
C

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28833
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 171
 (b) Township _____ Primary Registration District No. 4100 Registered No. 16
 (c) City Keystesville (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

Jane Knopf 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS 86 MONTHS 7 DAYS 25 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1929

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.

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

Hypostatic Pneumonia Date of onset _____

186 W

Other contributory causes of importance
Fracture of rt femur

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 8/5, 1929

Where did injury occur? Chariton Co., Mo. (Specify city or town, county, and State)

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

At home

Manner of injury Fell down porch steps

Nature of injury fracture neck rt femur

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Carl C Meyer, M. D.

(Address) Keystesville, Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-28853