

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

Do not use this space.

5824

MAR 26 1935

1. PLACE OF DEATH

County Johnson
Township Johnson
City Holden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. _____
Registered No. 5824
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 50 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Ida S. Quirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7-1857

7. AGE YEARS 78 MONTHS _____ DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Dec. 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME (FATHER) Cornelius Quirk

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

15. MAIDEN NAME (MOTHER) Socia Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Brown

17. INFORMANT (ADDRESS) L. E. Quirk Holden Mo.

18. BURIAL - CREMATION, OR REMOVAL PLACE Page Cemetery DATE 2/10 1935

19. UNDERTAKER (ADDRESS) John H. Murray Holden Mo.

20. FILED Feb. 9 1935 L. E. Murray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1935 to Feb. 8 1935

I last saw him alive on Feb. 8 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

Influenza Date of onset 2/1/35

Other contributory causes of importance: Chronic suppurative 1933

Hemiplegia 12/9/31

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? _____
If so, specify _____

(Signed) L. E. Murray, M. D.
(Address) Holden, 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.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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22

1
2
81

MAR 17 1942