

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

Do not use this space.

1. PLACE OF DEATH

County Monroe Registration District No. 576
Township Harrison Township Primary Registration District No. 5773
City (No.) St. Ward)

File No. 10749
40738
Registered No. 12

2. FULL NAME

(a) Residence, No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF <u>W. Quireck</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26 - 1857</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>10</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. 1

13. NAME Dennis Quireck

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

15. MAIDEN NAME Mary Quady

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

17. INFORMANT Mary Snogross
(ADDRESS) Bucketen, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE California DATE 12/5 1932

19. UNDERTAKER W. L. & F. Friedmeyer
(ADDRESS) California

20. FILED 12-10-32 W. J. C. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1932 to 12-3 1932

I last saw h. ex. alive on 12-3 1932 Death is said to have occurred on the date stated above, at

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

Lobar Pneumonia Date of onset 11-27-32
108 108

Other contributory causes of importance:

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?

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 E. C. Shelton, M. D.
(Signed) E. C. Shelton
(Address) Eldon 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.

JAN 9 1933

