

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

Do not use this space.

42001

1. PLACE OF DEATH

County St. Francis
 Township Marion
 City..... (No.....)

Registration District No.....
 Primary Registration District No.....

File No.....
 Registered No.....
 St..... Ward.....

2. FULL NAME

Sarah Ann Quick
 (a) Residence. No. Knoblick Mo (P.O.) 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. MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1931

6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Quick

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1931 to Nov 23 1931, that I last saw her alive on Nov 23 1931, and that death occurred, on the date stated above, at 8:30 a.m.

8. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 1849

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 14

Chronic interstitial nephritis

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) N
 (c) Name of employer N

CONTRIBUTORY (SECONDARY) Apoplexy resulting from high blood pressure
 (duration) 5 yrs. 5 mos. 5 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polinger Co., Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Knoblick Mo.

10. NAME OF FATHER (Don't Know) # Crites

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
 (Signed) W. D. Bon, M. D.

12. MAIDEN NAME OF MOTHER Don't Know

12/4, 1931 (Address)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) James Plummer
Knoblick Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walton Co., Mo.
Oak Grove Cemetery DATE OF BURIAL 12/5 1931

15. FILED..... 19..... REGISTRAR

20. UNDERTAKER John Meidert ADDRESS Farmington

DEC 26 1931

Exact statement of OCCUPATION is very important. Do not use this space. Do not use this space.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois
Township Marion
City..... (No....., Ward.....)

Registration District No. 775
Primary Registration District No. 6022

File No.....
Registered No. 95
St..... Ward.....

2. FULL NAME Sarah Ann 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 - 1931

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 20 - 1849

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 14

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Chronic interstitial nephritis

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.....

apoplexy resulting from high blood pressure

Other contributory causes of importance:

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

13. NAME Wm

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

15. MAIDEN NAME

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

17. INFORMANT James A. Wimmer (ADDRESS) 1208 S. 1st St. St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 12/5 1931

19. UNDERTAKER John Heidert (ADDRESS) Marion, Mo

20. FILED 1/19 1932 J. A. Son Registrar.

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....., 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) J. A. Son, M. D.

(Address).....

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 COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-42601