

REC. MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

479 County Jasper Registration District No. 413 File No. 6899
Township McMinn Primary Registration District No. 5559. C. Registered No. 15
City P.O. Hospital (No. WEBB CITY, MO. St. _____ Ward _____)

2. FULL NAME

457 Clarence Quillan (CLARENCE QUILLAN.)
(a) Residence, No. 1606 Sergeants St. Ward. Jasper
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Quillan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1879</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>gardner</u>	
	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.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co Mo.</u>		
FATHER	13. NAME <u>Chas Quillan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Emma Cory</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT (ADDRESS) <u>Lena Quillan</u>	<u>Jasper Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial</u>	DATE <u>MCH. 1. 39</u>	
19. UNDERTAKER (ADDRESS) <u>Smith & Co</u>	<u>Jasper Mo</u>	
20. FILED <u>FEB. 28. 39</u> , 19 <u>39</u>	<u>R. [Signature]</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934, to Feb 27, 1939.
I last saw him alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis
23
Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Specimen 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) Jess E. Douglas, M. D.
277 (Address) Webb City

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.

210182 NDC

RECEIVED

District Health Officer No. 6,

District File Number 6-39-477

Date Filed MAR 4 1939