

FILED MAY 15 1940

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

Do not use this space.

## 1. PLACE OF DEATH

County Texas  
Township Boone  
City Boone (No. 0)Registration District No. 568  
Primary Registration District No. 6150File No. 16345  
Registered No. 12 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

200 DEGGY Ruth Quick

(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

Female

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

L

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

Dec 30 1934

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

5311

## OCCUPATION

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

L

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

L

## 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation L

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

Hazleton

## 13. NAME

Howard Lee Quick

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

Hazleton Mo.

## 15. MAIDEN NAME

Fess Dulse

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

Carroll Mo.

## 17. INFORMANT (ADDRESS)

Ruth Quick

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Boone Public DATE 4-12 1940

## 19. UNDERTAKER (ADDRESS)

Boye Smith

## 20. FILED

4/11 1940 D. D. Reed Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

April 11, 1940

## 22. I HEREBY CERTIFY, That I attended deceased from

McK 7 1940 to April 11 1940I last saw her alive on April 4 1940 Death is saidto have occurred on the date stated above, at 5:30 m.

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

Typhoid fever Date of onset

## Other contributory causes of importance:

Malaria

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

## 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? Yes

If so, specify \_\_\_\_\_

(Signed) D. D. Reed M. D.(Address) 771 \_\_\_\_\_

RECEIVED

District Health Officer No. 5,

District File Number 540557

Date Filed 5.10.40