DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1523 +

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 34

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Grim-Smith Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 day (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan 105
(c) City or town Browning Rural 80 (If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. Milan. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Gayherd C. Quigley
3. (b) If veteran, name war — 3. (c) Social Security No. no
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathleen L. 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased April (Month) 19, (Day) 1911 (Year)

8. AGE: Years 29 Months 8 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Sullivan Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General farming
FATHER
12. Name John Quigley
13. Birthplace Sullivan Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lucretia Jennings
15. Birthplace Sullivan Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John Quigley
(b) Address Browning Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof February (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Locust Valley Cem
18. (a) Signature of funeral director Schoenes
(b) Address Milan, Mo.
19. (a) Jan 31/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Jany year 1941 hour 6 minute 00 pm M.
21. I hereby certify that I attended the deceased from Jany 27, 1941, to Jany 28, 1941; that I last saw him alive on Jany 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Accident (Car) Fracture Rt Femur and Internal Abdominal Injury — Duration 24 hrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 1-27-41
(c) Where did injury occur? Near Browning (City or town) Linn Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place) Driving
3 While at work? (e) Means of injury the Auto
23. Signature A Bleramberg (M.D. or other) 0
Address Kirksville Mo Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

MDC
98

RECEIVED
District Health Officer No. 10
District File Number 2-41-394
Date Filed FEB 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank D. Schoene, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
1-40
K22659

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STANDARD CERTIFICATE OF DEATH

State File No. 1523

Registration District No. 1 Primary Registration District No. 1 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gayford C. Quigley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 29 Months 8 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death accident (car

Fracture 2 rt femur and Internal abdominal injuries

Due to as far as know

Other conditions (Include pregnancy within 3 months of death) not

Major findings: Of operations

Of autopsy NPC

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 1-27-1941

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) Hgw not state Kirksville

While at work? (Specify type of place) Driving (e) Means of injury auto

23. Signature (M. D. or other)

Address Date signed

S-1523

From state highway department record
Auto struck a fixed object. (7-2-41-)