

21 1929

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

Do not use this space.

32697A

1. PLACE OF DEATH

County Berry Registration District No. 1168  
Township Wheaton Primary Registration District No. 2042  
City (Name) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 27

2. FULL NAME Eliza Quester

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. C. Quester

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 11

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) mo.

PARENTS  
10. NAME OF FATHER James Smindle  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa  
12. MAIDEN NAME OF MOTHER Eliza Sly  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) mo

14. INFORMANT R. C. Quester  
(Address) Wheaton mo.

15. FILE NO. Nov 8, 1928 E. Edmondson  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928, to Oct 31, 1928, that I last saw h. ea. alive on Oct 29, 1928, and that death occurred, on the date stated above, at Oct 6 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiacitis  
GRP  
RZA  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) congestion of brain  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. H. Stuber, M. D.  
, 29 (Address) Stevens

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rocky Comfort DATE OF BURIAL Oct. 31 1928

20. UNDERTAKER Rogers & Son ADDRESS Wheaton

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.

