

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

Do not use this space.

15360

1. PLACE OF DEATH

87 County Ray
Township Richmond
City Henriette (No.)

Registration District No. 744
Primary Registration District No. 5976B

File No.
Registered No. 472
St. Ward)

2. FULL NAME William Quee

(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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(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) Tenn.

PARENTS
10. NAME OF FATHER John Quee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mr. Rose Quee
(Address) Henriette

15. FILED A-24, 1931 E.E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1931 to Apr. 28, 31 1931.
that I last saw him alive on April 28, 1931, and that death occurred, on the date stated above, at 1:05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia of the right lung

108

(duration) yrs. mos. ds. 12 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. G. Smith M. D.

. 19 (Address) Henriette

*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 DATE OF BURIAL
City Cem. Richmond Mo. 4-30.3.19

20. UNDERTAKER ADDRESS
C.N. JOINER RICHMOND MO.

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.

Book 27

RECORD

