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

Do not use this space.

29598

File No. .....

Registered No. 655

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township .....

Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME Jordon E McQuenn

(a) Residence. No. ..... St., ... Ward. Dearborn, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1866.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	7	9	

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) Buchanan County,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Thomas McQuenn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone County,
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Hannah Ray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri.

14. INFORMANT Dollie McQuenn
(Address) Dearborn, MO.

15. FILED OCT 17 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Viewed On Oct. 14 ~~Oct. 15~~, 1927, to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 7/53 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Skull above Right eye, Fracture Caused by a part of ground stone, struck him when at Brooks in pecan st.
(DURATION) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Being Driven by 2 Kg gasoline engine.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dearborn, Mo.

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Oct 14-27

WAS THERE AN AUTOPSY? yes.

WHAT TESTS CONFIRMED DIAGNOSIS? Post Mortem findings + History of accident

(Signed) J. W. Mays Coroner M. D.

Oct. 15, 1927. (Address) St. Joseph Mo

*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 Dearborn Mo. No. 6 Cemetery

DATE OF BURIAL Oct. 16 1927.

20. UNDERTAKER H. O. Siebenfaden

ADDRESS 1802 Union Str

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.