

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

Do not use this space.

16549

1. PLACE OF DEATH

County..... *Casper*
Township..... *Platte*
City..... (No.) St. (Ward)

Registration District No..... *203*
Primary Registration District No..... *5-281*

File No.....
Registered No.....

2. FULL NAME

Sarah Edna Quinn

(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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *12-6-1843*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<i>84</i>	<i>5</i>	<i>16</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *Barren Co Ky.*
(STATE OR COUNTRY)

10. NAME OF FATHER *David Smith*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Elizabeth Douglas*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ky.*
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Jno. Faul*
(Address) *Smithville, Mo. R.D. 2*

15. FILED *6/9 1928* *E. C. Hill* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-22-1928*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 5* 19*25*, to *May 19* 19*28* that I last saw h. s. a. alive on *May 19* 19*28*, and that death occurred, on the date stated above, at *1:30 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97 (duration) yrs. mos. *4* ds.
162 CONTRIBUTORY *Arteriosclerosis*
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *7401*
IF NOT AT PLACE OF BIRTH?

8 DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *R. B. ...* M. D.

May 23, 1928 (Address) *Smithville 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 *Orangeburg*
Country Co., Mo. DATE OF BURIAL *5-23-28*

20. UNDERTAKER *McLomax Undert. Co.* ADDRESS *Smithville, 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.

JUL 9

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