WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33539

File No. 4078

Registered No.

1. PLACE OF DEATH Research Hospital

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City K C Mo (No. Research Hospital St. Ward)

2. FULL NAME Rita Marie Quinn

(a) Residence. No. 25 South 20th K. C. St. Kan. 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	9	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(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) Kansas City, Kan

PARENTS

10. NAME OF FATHER Joseph Quinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) K. C. Kan

12. MAIDEN NAME OF MOTHER Hester Bean

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

14. INFORMANT Mrs Hester Quinn
(Address) 25 S 20" K. C. Kans

15. FILED 10/7, 1928 M. M. Crowe REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-6 12 P.M., 1928, to 9.20 a.m. 10-7, 1928 that I last saw her alive on 10-7, 1928, and that death occurred, on the date stated above, at 9.20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus sore throat

1150

10 9 B1 99A

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Multiple renal emboli

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Paul H. Hemphill, M. D

10/7, 1928 (Address) K C 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: St. Johns KCK

DATE OF BURIAL: 10-9 1928

20. UNDERTAKER: Joe A. Butler & Son

ADDRESS: 753 Central Ave. K.C. Kans