

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

Do not use this space.

36525

1. PLACE OF DEATH

County Dunklin Registration District No. 286 File No.
 Township Holcomb Primary Registration District No. 5404 Registered No.
 City..... (No.....) St. Ward)

2. FULL NAME

(Infant Quincy)
 (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 Boy 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) 11-30-28

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Holcomb (STATE OR COUNTRY) Mo

10. NAME OF FATHER Otto Ross Quincy

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

12. MAIDEN NAME OF MOTHER Jama Edna Tucker

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

14. INFORMANT O. R. Quincy (Address) Holcomb Mo

15. FILED 12-9-1928 J. A. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1928

17. I HEREBY CERTIFY That I attended deceased from 11-30 1928 to 11-30 1928 that I last saw h..... alive on 11-30 1928 and that death occurred, on the date stated above, at 7:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth (6 mo)
159 / 6 hr (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 6 hr (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF Y WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) S. F. Smith, M. D. (Address) Holcomb

*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 Stanfield Cem DATE OF BURIAL 12-1 1928

20. UNDERTAKER Family ADDRESS Holcomb 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.

27 1928

