27 1928

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

Do not use this space.

36653

File No. 833

Registered No.

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: Springfield City — Primary Registration District No. 2001

City: Springfield Mo. No. St. John St. Ward)

2. FULL NAME John McQuinn

(a) Residence. No. 308 Cherry 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 8 — 1877

7. AGE: Years 51 | Months 8 | Days 22 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Switchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: John McQuinn

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

12. MAIDEN NAME OF MOTHER: Margaret Campbell

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

14. INFORMANT: H H Lohmeyer
(Address): Springfield Mo

15. FILED: 12-1 1928 — Oscar Mc Forst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to November 30, 1928 that I last saw h. alive on November 30, 1928, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Lung
470 49
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Microscopic

(Signed) G M Powell, M. D
, 19 (Address) Springfield 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: Wymore Neb. — DATE OF BURIAL: Dec X 1928

20. UNDERTAKER: H H Lohmeyer — ADDRESS: 408 E Walnut

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.