JAN 23 1929

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

Do not use this space.

40367

File No.
Registered No. 10

1. PLACE OF DEATH
County: Hickory
Township: Cross Timbers
City: (No. , St. Ward)
Registration District No. 361
Primary Registration District No. 5506

2. FULL NAME: Jesse Quick

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 18-1842

7. AGE: Years 86 | Months 11 | Days 6 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): Hauling freight
(c) Name of employer: none

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

PARENTS

10. NAME OF FATHER: Richard Quick
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Celia Ann Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Virginia

14. INFORMANT: Chauncey Quick
(Address) Cross Timbers Mo

15. FILED Dec 25 1928 B O Pierce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1928, to Dec. 24, 1928 that I last saw him alive on Dec 23, 1928, and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fever.
11B
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): None
(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? None
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J M Edwards, M. D
Dec 25, 1928 (Address) Cross Timbers

*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: Cross Timbers Cemetery
DATE OF BURIAL: Dec 25 1928

20. UNDERTAKER: C O Little
ADDRESS: Cross Timbers 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.