

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

Do not use this space.

33434

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 2016
City Washington (No.) St. Ward)

File No.
Registered No. 103

2. FULL NAME Juanitta Beatrice Dell Quillen

(a) Residence. No. Jefferson & Front Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2 Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/20/1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0) 0 40

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Union, Franklin Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lowarn Quillen

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

12. MAIDEN NAME OF MOTHER Hazel Matney

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

14. INFORMANT Lowarn Quillen
(Address) Washington Mo

15. FILED Gen 20 19 29 C. L. Mumford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29 - 1929 to Oct. 30 - 1929, that I last saw him alive on Oct. 29 - 1929, and that death occurred, on the date stated above, at 3:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diarrhoea and enteritis (artificial feeding)
1130 (duration) yrs. mos. ds. 1193

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. A. May, M. D.

Oct. 30 - 1929 (Address) Washington 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 Lutheran Cemetery Oct 31st-1929 DATE OF BURIAL

20. UNDERTAKER Otto & Co Washington Mo ADDRESS

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.

