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

Do not use this space.

34617

File No.
Registered No. 149

1. PLACE OF DEATH
County Pemiscot Registration District No. 661
Township Little Prairie Primary Registration District No. 4388
City Caldwelville No. St. Ward)

2. FULL NAME Geo W Quine

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Geo W. Quine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1-1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57 ~~yr~~	6	24	

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

9. BIRTHPLACE (CITY OR TOWN) Leamington
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Harry Quine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Malott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kingsville
(STATE OR COUNTRY) Ontario

14. INFORMANT Mrs Geo W Quine
(Address) Detroit, Mich

15. FILED Oct 28, 1929 Ada Morton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25-1929

17.
I HEREBY CERTIFY, That I attended deceased from 10-23-, 1929, to 10-25-, 1929
that I last saw him alive on 10-25-29, 1929 and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10 d
Acute MB 10 d (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cardiac
(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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Homer J Collins, M. D.
10-25 1929 (Address) Caruthersville 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	DATE OF BURIAL
Detroit Mich	10-28 1929
20. UNDERTAKER F H Smith	ADDRESS Neville Mo