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

Do not use this space.

39505

1. PLACE OF DEATH
County Wayne — Registration District No. 893 — File No.
Township Lodge Creek — Primary Registration District No. 6189 — Registered No. 19
City Wappapello (No. ..... St. ..... Ward)

2. FULL NAME John G. Quick
(a) Residence. No. Wappapello, Mo. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): dont know

7. AGE: 56 YEARS — MONTHS: dont know — DAYS: dont know — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont know

PARENTS
10. NAME OF FATHER: " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dont know
12. MAIDEN NAME OF MOTHER: dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dont know

14. INFORMANT: W. L. Rhodes
(Address) Wappapello Mo.

15. FILED Nov. 14 1929 Mrs. Hattie McGhee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1929, to Nov. 10, 1929, that I last saw him alive on Nov. 10, 1929, and that death occurred, on the date stated above, at 4:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Malaria

38 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 5 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. L. Elmore, M.D.
, 19 (Address) Puxico, 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: Wappapello, Cem — DATE OF BURIAL: Nov 15 1929
20. UNDERTAKER: None — ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. S. No. 2.

JAN 1 1930