NOV 26 1930

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

Do not use this space.

33806

1. PLACE OF DEATH
County: Platte
Township:
City: Weston (No. , St. Ward)
Registration District No. 698
Primary Registration District No. 4420
File No.
Registered No.

2. FULL NAME Geo Quimby
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	17	

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): Retired
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Peter Quimby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: John Quimby
(Address): Kansas City Mo

15. FILED 10/14, 1930 J H Brill
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1930, to Oct 13, 1930, that I last saw b... alive on Oct 13, 1930, and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 yrs. 0 mos. 0 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? Clinical Ex.
(Signed) Lewis C. Calvert, M. D
Nov 4, 1930 (Address) Weston, 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: Graceland Cemetery
DATE OF BURIAL: Oct 14 1930

20. UNDERTAKER: J H Brill
ADDRESS: Weston 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.