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

Do not use this space.

15129

1. PLACE OF DEATH

7 County Ozark — Registration District No. 639 — File No.

Township Bluton — Primary Registration District No. 5848 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry V. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	1	21	

8. OCCUPATION OF DECEASED 237

(a) Trade, profession, or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) around on farms etc. Was sick & Bed

(c) Name of employer fast for about 3 months

9. BIRTHPLACE (CITY OR TOWN) St Aubert
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER David Quick

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

12. MAIDEN NAME OF MOTHER Amelia Shackelford

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

14. INFORMANT Harrison T Benedict
(Address) St Aubert Mo

15. FILED April 1 1931 Esther Souder
Alverta Souder REGISTRAR
Dep.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-2-31 March 2, 1931, to April 4 1931, that I last saw him alive on April 2 9, 1931, and that death occurred, on the date stated above, at 3 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebro Spinal Lues

34 / 31A

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 34 C

(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? Physical & Lab

(Signed) Wm Von McKnelly, M. D

, 19 (Address)

*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
St Aubert, Mo.	4/7 1931
20. UNDERTAKER	ADDRESS
Fred A. Engelage	Chamois, 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.

APR 25 1931