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.

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

Do not use this space.

27588

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 897

City: St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Otto H Quentin

(a) Residence, No. 1102 Edmond 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice H Quentin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 14, 1862

7. AGE: Years 68 — Months 9 — Days 14 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Life Insurence salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Service Life Ins. Co.

10. Date deceased last worked at this occupation (month and year): July 10, 1931

11. Total time (years) spent in this occupation: 3 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Missouri

FATHER

13. NAME: George Quentin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Millie Pinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT: Mrs Alice H Quentin
(ADDRESS) 1102 Edmond St.-St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cemt
PLACE St Joseph Mo. DATE August 31, 1931

19. UNDERTAKER: H. O. Sidenfaden
(ADDRESS) 1802 Union st. St Joseph Mo.

20. FILED 8-31, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to Aug 28, 1931

I last saw him alive on Aug 28, 1931. Death is said to have occurred on the date stated above, at 10:30 m. P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental burns	
(Pneumonia - due to inhalation of flame and smoke)	

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury July 10, 1931

Where did injury occur? St Joseph (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. house - 1102 Edmond

Manner of injury: Fire - in basement of home

Nature of injury: Burns arms - hands - face neck & lungs

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. T. Egan, M. D.

(Address) St Joseph Mo.