

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

Do not use this space
1480

FEB 04 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 7 Township Daphin Primary Registration District No. 2 Hospital File No. _____
 5- City Daphin (No. St. Johns Hospital St. _____ Registered No. _____
 2. FULL NAME Flora Kost Quinlan St. _____ Ward _____
 (a) Residence, No. _____ St. _____ Ward _____ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>60</u>	<u>last</u>	<u>4</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper mo.

MOTHER FATHER

13. NAME Geo Kost

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 2

15. MAIDEN NAME Sarah Hessey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Mrs Ray Harmon
(ADDRESS) 216 Pearl

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview DATE 21 32 19. _____

19. UNDERTAKER Lurell Co
(ADDRESS) 216 Pearl

20. FILED 21 32 19. W. H. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 29 - 1932

22. I HEREBY CERTIFY, that I attended deceased from 1 - 25 - 32, 19..... to 1 - 29 - 32, 19.....
 I last saw her alive on 1 - 29 - 32, 19..... Death is said to have occurred on the date stated above, at 11:45 m.
 The principal cause of death and related causes of importance were as follows:
50 Paralytic of right breast.
 Other contributory causes of importance:
50

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ (1)
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. Albert Kenoweth M. D.
 (Address) Jasper mo.

JUL 20 1943