

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

Do not use this space.

1511

1. PLACE OF DEATH

49 County Lapeer Registration District No. 419
Township McDonald Primary Registration District No. 3573
City Avilla Mo (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Hellen May Quinn
(a) Residence, No. Avilla Mo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ____ ds. How long in U. S., if of foreign birth? yrs. mos. ____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Almon Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6th 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>9</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 035

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) Cleveland, Ohio

13. NAME Ray Snook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.

15. MAIDEN NAME Leaffie Cresswell

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

17. INFORMANT (ADDRESS) Almon Quinn, Avilla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cemetery Jan 4th 1932

19. UNDERTAKER (ADDRESS) Almon - Frank Carthage Mo

20. FILED Jan 4, 1932 Mrs. W. C. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 2, 1932 to Jan 2, 1932

I last saw her alive on Jan 2, 1932 Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Uterine hemorrhages continuing over several days on menstrual period.

Date of onset	<u>about Dec. 28-1931</u>
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Other contributory causes of importance: 139C

139C

Name of operation _____ Date _____
What test confirmed diagnosis? clinical & histological 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 _____, 1932

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 _____

Nature of injury _____ (1)

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

If so, specify _____

(Signed) D. K. O'Donnell, M. D.
(Address) Carthage Mo

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.

FEB 7 4 1932

in Carthage, Mo.

