

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

Do not use this space.

4760

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. Admiral & Campbell) St. Ward)

File No. 621
Registered No. St. Ward)

2. FULL NAME

Samuel W. Quinn
(a) Residence, No. 711 Harison St. 1 Ward.

Length of residence in city or town where death occurred 32 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>5</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Packer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Dry goods 151</u>
	10. Date deceased last worked at this occupation (month, and year) <u>Feb. 13, 1932.</u>	11. Total time (years) spent in this occupation

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

FATHER 13. NAME Hugh Quinn

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Percella Mason

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

17. INFORMANT Mary Quinn
(ADDRESS) 711 Harison

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 16 1932

19. UNDERTAKER J.P. Louis Funeral Home
(ADDRESS) Kansas City, Mo.

20. FILED 2/15 3277 M. Conner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 2:10 PM, 1932, to 2:10, 1932.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Accidental Automobile
Train struck R.R. No
210 M

Other contributory causes of importance: 210

Name of operation..... Date of.....

What test confirmed diagnosis Autopsy 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Stanley M. Hall, M. D.

(Address) Regency Corner

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.

MARGIN RESERVED FOR BINDING

