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.

MAY 23 1932

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

Do not use this space.

11704

85

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 383

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Rosa Lee Quinn,

(a) Residence, No. St., Ward. Gentry, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Quinn,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home, 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) Gentry County, Missouri,

FATHER

13. NAME Francis M. Summa,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County, Missouri,

MOTHER

15. MAIDEN NAME Martha Bogue,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County, Missouri,

17. INFORMANT (ADDRESS) Elmer Summa Gentry, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gentry, Mo. DATE April 19, 1932

19. UNDERTAKER (ADDRESS) Theodore BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED APR 18 1932 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ VIEWED
, 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1:30 a m.
The principal cause of death and related causes of importance were as follows:

Burns due to Gasoline stove exploding at home in the chicken house. Chicken house did not burn, nor catch fire

Date of onset

Other contributory causes of importance: None

181 181 (5) 20

Name of operation None Date of
What test confirmed diagnosis History 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 4/17, 1932
Where did injury occur? Gentry Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gas stove exploded
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Francis