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. 9619

1. PLACE OF DEATH
County Jackson — Registration District No. 889 — File No.
Township Kaw — Primary Registration District No. 8003 — Registered No. 1221
City K. C. Mo (No. 828 Brighton St. Ward)

2. FULL NAME Robert Henry Quade
(a) Residence, No. 828 Brighton 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: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Quade
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-18-1867
7. AGE: YEARS 65 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 17 [illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Ch. Quade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record

17. INFORMANT (ADDRESS): Robert Quade, 828 Brighton, ave,
18. BURIAL, CREMATION, OR REMOVAL: St. Mary's PLACE ~~Elmwood~~ DATE 3/14-33
19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster, 718 Brooklyn, ave,
20. FILED Mch 17, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch — 11 — 1933
22. I HEREBY CERTIFY That I attended deceased from Sept 19 Crowe, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide	
Gas poisoning	
	31

Other contributory causes of importance: 178

Name of operation: No & Chemical tests
What test confirmed diagnosis: Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accident Date of injury 3/11/33
Where did injury occur? 828 Brighton K Cmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Poison by Carbon Monoxide
Nature of injury: Fumes from gas stove

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], ~~M. D.~~
(Address) K Cmo