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 22 1933

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

Do not use this space.

12841

1. PLACE OF DEATH

County: DeKalb — Registration District No. 260 — File No.

Township: Grand River — Primary Registration District No. 5363 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: James Eugene Quinn

(a) Residence, No. ..... 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: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29th 1929

7. AGE: YEARS 3 — MONTHS 10 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): x

11. Total time (years) spent in this occupation: x

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

FATHER

13. NAME: C. J. Quinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo !

MOTHER

15. MAIDEN NAME: Ruth Solel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Mo

17. INFORMANT (ADDRESS): F. B. Solel, Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Princeton Mo DATE 4/14 1933

19. UNDERTAKER (ADDRESS): J. W. Poland, Cameron Mo

20. FILED 4-13 1933 Mary S. McMahill, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1933, to Apr 12, 1933

I last saw him alive on not at all, 19..... Death is said to have occurred on the date stated above, at 10 A.m.

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

Concussion of brain in Auto wreck — Date of onset

219 M

Other contributory causes of importance: none

210

217

Name of operation: x — Date of

What test confirmed diagnosis? Clinical — 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 Apr 12 1933

Where did injury occur? Grand River Twp. DeKalb Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Highway #36

Manner of injury: Head crushed by external vision

Nature of injury: Concussion of brain

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

If so, specify

(Signed) L. E. Saunders, M. D.

(Address) Stewartsville Mo

Coroner DeKalb Co Mo