

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

Do not use this space.

14230  
6

1. PLACE OF DEATH  
 7 County: Balls Registration District No. 727  
 3 Township: Perry Primary Registration District No. 4433  
 3 City: Perry (No. ....) St. .... Ward) (No. ....) Ward)  
 2. FULL NAME John Roger Quinn  
 (a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 88 yrs. 8 mos. 3 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) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Quinn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1844  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 8 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balls Co Mo

13. NAME James Quinn

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Jim Quinn  
 (ADDRESS) Center mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St Paul Mo DATE 4/25 1933

19. UNDERTAKER Garrett Roselle  
 (ADDRESS) Perry mo

20. FILED 4/23 1933 Garrett Roselle  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to Apr 21 1933  
 I last saw him alive on Apr 21 1933. Death is said to have occurred on the date stated above, at 10400 am.

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

arteriosclerosis  
97 977  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? no

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) John Brown, M. D.  
 (Address) Perry 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.

MAY 24 1933

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