

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

Do not use this space.

19583 A

1. PLACE OF DEATH
 48 County Jackson Registration District No. 3195
 Township Spring Bass Primary Registration District No. 4282
 City Blue Springs (No. _____) St. _____ Ward _____
 2. FULL NAME James L. Quinno
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lanmie Quinn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3rd 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Virginia
 13. NAME Michael Quinn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Jane Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA
 17. INFORMANT J. W. Quinn
 (ADDRESS) Blue Springs, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE June 19 1933
 19. UNDERTAKER J. H. Stanley
 (ADDRESS) Blue Springs, Mo.
 20. FILED July 15 1933 F. W. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 11 1933 to June 17 1933
 I last saw him alive on June 17 1933 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of the heart Date of onset 6-17-33
 Other contributory causes of importance: Chronic myocarditis 1928
 Name of operation none Date of _____
 What test confirmed diagnosis? none 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) W. P. Quinn, D.
 (Address) Blue Springs, 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.

SEP 26 1933

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CONFIDENTIAL - SECURITY INFORMATION

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