JUL 20 1935

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

Do not use this space.

222007

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 756

City St. Joseph, (No. 2837 South 20th. St. Ward)

2. FULL NAME John David Guinn,

(a) Residence, No. 2837 South 20th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 6 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28, 1884

7. AGE: YEARS 50, MONTHS 9, DAYS 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House
10. Date deceased last worked at this occupation (month and year): July 1935,
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri

FATHER

13. NAME: David A. Guinn,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty, Missouri,

MOTHER

15. MAIDEN NAME: Isabelle Jones,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois,

17. INFORMANT (ADDRESS): Mrs Mary Adams 2837 South 20th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE July 6th. 1935

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 So. 10th. St. Funeral Home

20. FILED 7-6- 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1935 to July 4, 1935

I last saw him alive on July 4, 1935. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Cerebral Embolism — Date of onset

Other contributory causes of importance: Acute Nephritis

Name of operation — Date of

What test confirmed diagnosis? — 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? No.

If so, specify

(Signed) Dr. [illegible], M. D.

(Address) 209-10 Kirkpatrick Bldg. St. Joseph, 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.

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

Do not use this space.

File No. 22200
Registered No. 756

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph (No. ..... St. ..... Ward)

2. FULL NAME: John David Quinn
(a) Residence, No. 2837 S. 20th St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 28-1884

7. AGE: Years 50 — Months 9 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House
10. Date deceased last worked at this occupation (month and year): July 19-1935
11. Total time (years) spent in this occupation: [illegible]

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

FATHER
13. NAME: David R Quinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo

MOTHER
15. MAIDEN NAME: Isabelle Joyce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilkinson Ill

17. INFORMANT (ADDRESS): Mrs Mary Adams 2837 So 20th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem. DATE: July 6, 1935

19. UNDERTAKER (ADDRESS): Healey & Bauman 2409 Frederick

20. FILED: 7/6, 1935 John Cudor M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1935

22. I HEREBY CERTIFY That I attended deceased from March 28, 1935 to July 4, 1935
I last saw h. alive on July 4, 1935. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Acute Nephritis~~	
Cerebral Embolism	
Cause of	
Other contributory causes of importance:	
Acute Nephritis	1/32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Wm P. Lenz - D.O., M. D.
(Address) 2091 Frederick Blvd.

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.