

OCT 22 1935

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

Do not use this space.

29582

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo. (No. 200 E., 30th St.)

File No. _____

Registered No. 29582

St. _____ Ward _____

2. FULL NAME Leander R. Quick(a) Residence, No. 200 E. 30th

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Hallie Quick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 14, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

74

10

29

OCCUPATION

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

Laborer

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)

Missouri

13. NAME

Gilbert Quick

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Elizabeth Ray

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Mrs. Hallie Quick
200 East 30th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nt. MoriahDATE Sept. 16-35

19. UNDERTAKER

(ADDRESS)

C. H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C. Mo.

20. FILED

Sept 16, 1935 M. M. Cronin

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept. 13-35 19

22. I HEREBY CERTIFY, That I attended deceased from

Sept 6 1935 to Sept 13 1935I last saw him alive on Sept 13 1935 at 8:20 PM

Death is said to have occurred on the date stated above, at _____ m. PM

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

Cerebral hemorrhage

Date of onset

7

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

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) K. L. St. Clair

M. D.

(Address) 5242 S. John

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

