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.

OCT 21 1936

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

Do not use this space.

33995

File No.

Registered No. 113

1. PLACE OF DEATH

County Cooper — Registration District No. 218

Township — Primary Registration District No. 3015

City Boonville (No. Water St. St. Ward)

2. FULL NAME Mrs. Victoria Quint

(a) Residence, No. Water St. 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: Female

4. COLOR OR RACE: Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Earl Quint

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18-1902

7. AGE: 34 YEARS — MONTHS: 5 — DAYS: 30 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Cooper Co Mo

FATHER

13. NAME: Frank H. Shaw

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

MOTHER

15. MAIDEN NAME: Ida Mack

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

17. INFORMANT: Mrs Ida H. Shaw
(ADDRESS) Water St. Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Sept. 20, 1936

19. UNDERTAKER: J. Meister
(ADDRESS) Boonville Mo.

20. FILED Sept 19, 1936 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 17, 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Sept 17, 1936

I last saw ~~h~~ alive on August 24, 1936. Death is said to have occurred on the date stated above, at ....a.m.

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

	Date of onset
Tuberculosis of the Lungs	about July 5 1936

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Other contributory causes of importance:

Name of operation ..... 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? ..... 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) J. C. Tincher, M. D.

(Address) Boonville Mo.