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.

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85 — File No. 40434
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 1414
City ST. JOSEPH, MO. (No. SISTERS, HOSPITAL St. Ward)

2. FULL NAME EDWARD QUINCY,
(a) Residence, No. 609½ N. TENTH 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 45 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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 15, 1857
7. AGE: YEARS 79 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CARPENTER
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): IOWA

FATHER
13. NAME: UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MRS. GRACE CAROLUS, 609½ N. 10TH. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ASHLAND DATE NOV. 16, 1936
19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN, ST. JOSEPH, MO
20. FILED Nov 16, 1936 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 13, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 13, 1936
I last saw him alive on Nov 13, 1936. Death is said to have occurred on the date stated above, at 8 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleural Effusion —	

Other contributory causes of importance:
Carcinoma of Gall Bladder

Name of operation: No — Date of: No
What test confirmed diagnosis? Sat + — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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. No
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) 303 Krakenstock Bldg.