MAR 16 1937

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

Do not use this space.

File No. 5245
Registered No. 68

1. PLACE OF DEATH
County: Butler
Township: Poplar Bluff
City: Poplar Bluff (No. 2 St. Ward)
Registration District No. 89
Primary Registration District No. 5131

2. FULL NAME: Alberta Quinn
(a) Residence, No. Poplar Bluff Mo 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20 1889

7. AGE: Years 47 | Months 5 | Days 2 | 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): Ky

FATHER
13. NAME: Albert Common
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: Vivian Quinn
(ADDRESS) RFD 2 Box 210 Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: city cem DATE: Feb 25 1937

19. UNDERTAKER: N. T. Phelps
(ADDRESS) Poplar Bluff Mo.

20. FILED: 7/25 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 22 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19 1937, to February 19 1937
I last saw h. alive on February 19 1937. Death is said to have occurred on the date stated above, at 7 55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer breast	D.K.
50	

Other contributory causes of importance:

Name of operation: none 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) W. S. Bailey, M. D.
(Address) Poplar Bluff Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-10-22-36 I X9314