

REC'D JUL 14 1938

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

21713

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dade Registration District No. 240  
(b) Township North Primary Registration District No. 5332 Registered No. \_\_\_\_\_  
(c) City Arcola Mo. (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Samuel Fillpot Quinn  
(a) Residence, No. Arcola Mo. Dade Co. S (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Calbee Quinn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 — 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

FATHER

13. NAME Joseph Quinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quinnessa

MOTHER

15. MAIDEN NAME Ellen Strison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Sam P. Quinn  
Arcola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield DATE Feb. 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) G. W. Ward  
Greenfield Mo.

20. FILED Apr 3, 1938 W D Buekey  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY that I attended deceased from Feb 28 to Feb 27, 1938

I last saw him live on Feb 27, 1938 Death is said

to have occurred on the date stated above, at 9 P. M.

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

Cerebral thrombosis Date of onset

Other contributory causes of importance: 92.54

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 A. Laurell M. D.

(Signed) \_\_\_\_\_ (Address) Stockton Mo

STATEMENT BY LICENSED EMBALMER

I, J. W. Ward, Licensed Embalmer No. 2832

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. 2832 or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. W. Ward  
Licensed Embalmer No. 2832

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**