

REC'D AUG 22 1938

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

25122

Do not use this space.

1. PLACE OF DEATH *Cale* Registration District No. *213*  
 (a) County *Cale* (b) Township *Jefferson City Mo* Primary Registration District No. *3014* Registered No. *244*  
 (c) City *Jefferson City Mo* (d) Street No. *St Marys Hospital* St.  
 (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 *Quinn, Leonard Batesman*  
 (a) Residence, No. *500* St. *Joplin Mo*  
 (Usual place of abode, if no street address, write county or city) (If foreign, 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 *Margaret Marie Quinn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23-1888*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>50</i>	<i>2</i>	<i>2</i>	<i>18</i>	

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

9. Industry or business in which work was done, as 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) *Carthage Mo*

FATHER

13. NAME *Albert Quinn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER

15. MAIDEN NAME *Laura J. Anderson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Racine Mo*

17. INFORMANT *Margaret Marie Quinn* (ADDRESS) *Joplin Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Joplin Mo* DATE *8/1/38* 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Thorpe Gordon* *Jefferson City Mo*

20. FILED *8/1/38* 1938 *W. B. G. Local Registrar*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 11* 1938

22. I HEREBY CERTIFY, That I attended deceased from *Aug 9* 1938, to *Aug 11* 1938  
 I last saw him alive on *Aug 11* 1938. Death is said to have occurred on the date stated above, at *1:00 p.m.*

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

*Heat Prostration*

Date of onset

Other contributory causes of importance:

*Diabetes mellitus*

Name of operation *None* Date of \_\_\_\_\_  
 What test confirmed diagnosis? *None* 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. B. G. Day* M. D.  
 (Address) *Jefferson City Mo*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*God P. Dulle*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed .....

*God P. Dulle*

Licensed Embalmer No.....

*3890*

P. O. Address.....

*Jefferson City Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**