REC'D OCT 19 1938

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

32037
Do not use this space.

1. PLACE OF DEATH
(a) County COOPER Registration District No. 218
(b) Township Primary Registration District No. 3015 Registered No. 83
(c) City BOONVILLE (d) Street No. , 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 INFANT OF MR + MRS JACOB QUINT
(a) Residence, No. WATER St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: NEGRO
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 16-1938

7. AGE — YEARS: Stillborn; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT
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) BOONVILLE MO 0 0

FATHER
13. NAME JACOB QUINT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONVILLE MO 0

MOTHER
15. MAIDEN NAME ALBERTA JONES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MO

17. INFORMANT JACOB QUINT (ADDRESS) BOONVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE SEPT 16 1938

19. FUNERAL DIRECTOR (NAME) STEGNER-KOENIG (ADDRESS) BOONVILLE

20. FILED Sept 16 1938 D.E. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

Still Born

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) R. Lewis Neff, M. D.
(Address) 1102 - 3rd St. Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number 10/10/38
Date Filed

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, ...

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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