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.

REC'D FEB 23 1939

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

2694
Do not use this space.

1. PLACE OF DEATH
(a) County JASPER — Registration District No. 411
(b) Township GALENA — Primary Registration District No. 2002 — Registered No.
(c) City JOPLIN — (d) Street No. 506 KENTUCKY 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 QUILLA
(a) Residence, No. 506 KENTUCKY 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: MALE
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): JAN. 28, 1939
7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.: —
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): 506 KENTUCKY JOPLIN, MO. 0

FATHER
13. NAME: CHAS. QUILLA 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN 1

MOTHER
15. MAIDEN NAME: LILLIE SCOTT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): STUTTGART ARK.

17. INFORMANT (ADDRESS): MRS CHAS. QUILLA 506 KY. JOPLIN, MO
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE PARKWAY CEM DATE 1-31-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): HURLBUT UND. CO 212 JOPLIN ST. JOPLIN MO.
20. FILED 1-30, 1939 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1/28/39, 19..., to 1/28/39, 19...
I last saw h. ~~[illegible]~~ on 1/28/39, 19... Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Cord	
Strangulation in Uterus	

Other contributory causes of importance:

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 ...
(Signed) J. G. Gutman, M. D.
(Address) 116 N. Main

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-343
Date Filed FEB 16 1939

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.