REC'D MAR 13 1939

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

7309
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 607
(b) Township Portage — Primary Registration District No. 5806 — Registered No. 26
or City ~~Near Portageville, Mo.~~ (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 James C. Quick
(a) Residence, No. Near Portageville, Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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: Annie R. Quick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 9th, 1861

7. AGE: YEARS 77 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
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): Columbus Ky

FATHER
13. NAME: Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

MOTHER
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): James C. Quick

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Portagwills DATE 3-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): R M Payne, Portagwills Mo

20. FILED 3-9 1939 Mary W. Cook, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March, 3, 39, 19

22. I HEREBY CERTIFY, That I attended deceased from March, 1st, 39, 19 only, 19
I last saw him alive on March, 1st, 39, 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:

	Date of onset
Endocarditis with mitral regurgitation -	About 1936

Other contributory causes of importance:
None

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?
If so, specify
(Signed) A A Reader M.D.
(Address) Portageville 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.

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 co with the above constitutes grounds for revocation of license.)

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