

REC'D MAR 21 1939

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

7587  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph / Registration District No. 735  
(b) Township Moberly / Primary Registration District No. 3034 Registered No. 26  
(c) or City Moberly / (d) Street No. McCormick 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

Capitola C. Quinn  
(a) Residence, No. 465 E. Burkhart 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 Female 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 Thomas W. Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15th, 1888

7. AGE YEARS 50 MONTHS 3 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Mo.FATHER 13. NAME Dide Donelson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okl.MOTHER 15. MAIDEN NAME Jimmie E. Lewis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis.17. INFORMANT (ADDRESS) Thomas W. Quinn  
Moberly, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Feb. 9th 19 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahanahd Son  
Moberly20. FILED Feb. 9 19 39 E. M. G. G. G. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 / 7 19 3922. I HEREBY CERTIFY That I attended deceased from Feb 3 19 39 to Feb 7 19 39I last saw her alive on Feb 7 19 39. Death is said to have occurred on the date stated above, at 4:45 a.m.

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

acute appendicitis  
Ruptured

Date of onset

Other contributory causes of importance:

Weak heart from birth  
Blue Baby & foramen ovale  
never completely closedName of operation appendectomy Date of 2/3-39What test confirmed diagnosis? physical 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) D. L. McCormick, M. D.(Address) Moberly

RECEIVED

Public Health Office No. 10

Alphabet File No. 10-39-430

Date Filed **MAR 10 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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address. Moberly, Mo.

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

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