

RECORDED MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH

80 County Sedalia Registration District No. 668  
4 Township ..... Primary Registration District No. 9032  
4 City Sedalia (No. 708 WS) St. .... Ward) .....

File No. 15774  
Registered No. 143

2. FULL NAME

(a) Residence, No. 708 WS St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, 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) Covington Kentucky

13. NAME John Younger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ellen Holland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) James Quinn Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/29 1939

19. UNDERTAKER (ADDRESS) M. Long Bros. Sedalia Mo

20. FILED 4-29-1939 Mrs Harry Sued Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 38 to April 28 1939  
I last saw her alive on April 28 1939 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Papillary cyst adenoma of ovary Date of onset Sept 1938

Other contributory causes of importance: 12/1/39

Name of operation Exploratory Date of Oct 1938  
What test confirmed diagnosis Section 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) G. L. Waller M. D.  
(Address) Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

3/5/39

Date Filed