

DEC'D JUN 20 1939

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

19156  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Mason Registration District No. 5-31  
(b) Township Russell Primary Registration District No. 5-718  
(c) City \_\_\_\_\_ (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. da. (f) How long in U. S. of foreign birth? yrs. mos. da.

Registered No. \_\_\_\_\_

## 2. PRINT FULL NAME

(a) Residence, No. 502 Leona Josephine Quinn 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 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 Joseph C Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 1894

7. AGE YEARS 45 MONTHS 2 DAYS 4 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. at Home  
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) Linn Co Mo

FATHER 13. NAME Chester Garrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo

MOTHER 15. MAIDEN NAME Martha E Mallow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co Mo

17. INFORMANT (ADDRESS) J. C. Quinn  
Bushlin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Michaels DATE May 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas. McLaughlin  
Moberly Mo

20. FILED May 17 1939 J. G. Skelton  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1938, to 5/14, 1939.

I last saw him alive on 5/11, 1939. Death is said to have occurred on the date stated above, at 7:30 P.

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

Duodenal carcinoma Date of onset \_\_\_\_\_

Other contributory causes of importance: 40

Name of operation Exploratory Date of 4/11/39

What test confirmed diagnosis? Biopsy 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) A. B. Quinn M. D.

(Address) Bushlin, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1141

Date Filed JUN 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

Blanche M. Taughle & Dale Bunch, or by

Registered Apprentice No. 149, working under my personal supervision.

Signed Blanche M. Taughle

Licensed Embalmer No. 1909

P. O. Address Marceline Mo

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

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