

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.

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

Do not use this space.

JUL 14 1939

1. PLACE OF DEATH

County *Linn*
Township *Salem*
City *500* (No. *2*)

Registration District No. *290*
Primary Registration District No. *5408*

File No. *22041*
Registered No. *98*
St. _____ Ward _____

2. FULL NAME

(s) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Baby*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 18 1939*

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min. *20*

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

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)

13. NAME *Charley Quinn*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leas*15. MAIDEN NAME *Erdie McElain*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*17. INFORMANT *Charley Quinn*18. BURIAL, CREMATION, OR REMOVAL PLACE *McGrew* DATE *2/19 1939*19. UNDERTAKER *Funeral Home* (ADDRESS) *Leasville, Mo*20. FILED *July 7 1939* *A. D. McDaniel* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18 1939*

22. HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at *1:30* p. m.

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

Stieb. Corn

Date of onset

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? *no*

If so, specify _____

(Signed) *Vernon R. Proctor, M. D.*263 (Address) *Leasville, Mo*

RECEIVED

District Health Officer No. 3,

District File Number 739-447

Date Filed 7/11/39