

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.

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

Do not use this space.

9 JAN 26 1935

1032

1. PLACE OF DEATH

County Henry Registration District No. 947
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 78

2. FULL NAME

Berlinnda Quinton
 (a) Residence, No. W Grand Ave St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Quinton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 1884</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) <u>Sheridan Co Mo</u>		
MOTHER FATHER	13. NAME <u>Jasper Petty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>	
	15. MAIDEN NAME <u>Latchum K Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sheridan Co Mo</u>	
17. INFORMANT (ADDRESS) <u>John Petty Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deepwater</u> DATE <u>1/7</u> <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Cousins & Beck Clinton Mo</u>		
20. FILED <u>9</u> <u>1935</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 20 1934 to Jan 5 1935
 I last saw her alive on January 4 1935 Death is said to have occurred on the date stated above, at _____, m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
years duration
 Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis: Clinical Was there an autopsy? USA

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) S. W. Mathew, M. D.
 (Address) Clinton, Mo.

1947

The following is a list of the names of the persons who were present at the meeting held on the 15th day of June, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, is the only person who was present at the meeting who is not a member of the Federal Bureau of Investigation.

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