

OCT 23 1935

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

Do not use this space.

29341

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alma Alene Quinton

(a) Residence, No. 205 W. Henry 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 6 23

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) Clinton Mo

13. NAME Char a Quinton

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

15. MAIDEN NAME Helen May Perian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Mo

17. INFORMANT (ADDRESS) Chas a Quinton Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 9-14-35

19. UNDERTAKER (ADDRESS) Consolus & Peck Clinton Mo

20. FILED Sept 30 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1935 to Sept 13 1935

I last saw her alive on Sept 11 1935 Death is said

to have occurred on the date stated above, at 1:45 p.m.

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

Cerebral hemorrhage from fall Date of onset Aug 15 1935

Other contributory causes of importance: 186

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 15 1935

Where did injury occur? Clinton Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury fall from bed

Nature of injury fractured cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) S. B. Hughes, M. D.

(Address) E. Smith, Mo.

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.

