MAY 18 1936

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

Do not use this space.

14131

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 528

City St. Joseph (No. Foot of PennSt. Missouri River St. Ward)

2. FULL NAME John Charles Quinn

(a) Residence, No. 713 So. 7th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29, 1865.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	2	Unk.	

OCCUPATION

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

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) St. Joseph Missouri

FATHER

13. NAME Charles Quinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Elizabeth Lorden

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

17. INFORMANT (ADDRESS) Margaret Quinn Mo. 2229 South 11th. St. St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE April 9 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union St. St. Joseph Mo.

20. FILED 4-9 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

Found Apr 9-36

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~[illegible]~~

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on April 9, 1936 to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at unknown m.

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

Drowning (no facts)

(Seen last Mar 10 or 15-1936)

Date of onset

Other contributory causes of importance:

Found in river! been in river probably two weeks body badly decomposed

Name of operation none Date of

What test confirmed diagnosis? Clin. Hist. Was there an autopsy? no

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

Accident, suicide, or homicide? no facts 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 no facts

Nature of injury

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

If so, specify

(Signed) Tomas Thomas Coroner, M. D.

(Address) 731 Faraon

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.