OCT 23 1936

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

Do not use this space.

31885

File No.

Registered No. 93

1. PLACE OF DEATH
County Pemiscot
Township Hayti
City (No. , St. Ward)

Registration District No. 653
Primary Registration District No. 5864

2. FULL NAME James Quinn
(a) 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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bell Quinn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1866
7. AGE Years 69 Months 7 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 8-15-1936
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlotte N. C.

FATHER
13. NAME Nelson Quinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlotte N. C.

MOTHER
15. MAIDEN NAME Janie Floyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlotte N C

17. INFORMANT James G. Quinn
(ADDRESS) Hayti Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunt, Mo DATE Aug. 17, 1936
19. UNDERTAKER Mrs J. J. Smith
(ADDRESS) Hayti Mo
20. FILED Aug 16, 1936 J. W. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| accident. Neck broken | |

Other contributory causes of importance:
automobile accident

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? accident Date of injury , 19
Where did injury occur? Public Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Car turned over
Nature of injury Neck Fractured
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. W. Rhodes Coroner
(Address) Hayti 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.