

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

29437  
Do not use this space.

1. PLACE OF DEATH

(a) County Mason Registration District No. 533  
(b) Township Hudson Primary Registration District No. 5713 Registered No. 54  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Quinn

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OK  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OK  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 10 10 10 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) No Family Records

FATHER 13. NAME No Family Records

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Family Records

MOTHER 15. MAIDEN NAME No Family Records

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Family Records

17. INFORMANT (ADDRESS) Wm Brumback, Subst. County Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE 8-24-38

19. FUNERAL DIRECTOR (ADDRESS) Stephens & Gooding Mason, Mo.

20. FILED 9/1 1938 Seola Hunter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-1938

22. I HEREBY CERTIFY that I attended deceased from Frank Quinn 1938 to Aug 24 1938  
I last saw him alive on Aug 24 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Tertiary syphilis  
impairing liver and ulcer  
in leg  
Date of onset

Other contributory causes of importance: 34

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1938

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

Nature of injury no

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

If so, specify (Signed) J J Sumner, M. D.

(Address) Mason, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-110

Date Filed 9-15-38

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**