

REC'D JUL 15 1939

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

22322

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Township Prarie Primary Registration District No. 55330 Registered No. 115  
(c) City Jackson County Home (d) Street No. Jackson County Home St.  
(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. da.

## 2. PRINT FULL NAME

500 James P. Quinn  
(a) Residence, No. Jackson County Home St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) June 12, 1887  
7. AGE YEARS 51 MONTHS 11 DAYS 20 IF LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad Clerk  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Kansas City 0  
(STATE OR COUNTRY) Missouri

13. NAME Patrick Quinn 5

14. BIRTHPLACE (CITY OR TOWN)..... Ireland 5  
(STATE OR COUNTRY)

15. MAIDEN NAME Johanna Mahan

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

17. INFORMANT Mrs. E. W. Grace  
(ADDRESS) 916 W. 42<sup>nd</sup>

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Mary's DATE June 6, 1939

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO.  
(ADDRESS) Kansas City, Mo.

20. FILED 6/5/39 19 John J. Quinn 22322  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24 19 39

22. HEREBY CERTIFY, That I attended deceased from 5/1 1939 to 6-4 1939

I last saw him alive on 6-2 1939 Death is said to have occurred on the date stated above, at 2 P.M.

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

Pulmonary tuberculosis Date of onset

Other contributory causes of importance: J<sub>2</sub>

Name of operation..... 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?..... 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) J. Green M. D.  
(Address) 22322

102  
813  
918

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**