

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 of deceased is very important. See instructions on back of certificate.

1. PLACE OF DEATH Wagon 6 3 720 2385 167385 State Board of Health File No. 1199
County Salt Lake **STATE OF UTAH** 500
Precinct _____ **CERTIFICATE OF DEATH**
or _____
Town or City Salt Lake City No. General Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Louise Bigler Quinn
3. Residence: No. 424 Sego Ave St. _____
(Usual place of abode) (If non-resident give city or town and State)

(a) Length of residence in city or town where death occurred.	Years	Months	Days	(b) How long in U. S., if of foreign birth?	Years	Months	Days
	<u>4</u>						

PERSONAL AND STATISTICAL PARTICULARS

4. SEX <u>Female</u>	5. COLOR OR RACE <u>White</u>	6. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the Word) <u>Divorced</u>
6a. IF Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF <u>Clay Quinn</u>		
7. DATE OF BIRTH (month, day, and year) <u>March 7th 1891</u>		
8. AGE Years <u>46</u>	Months <u>3</u>	Days <u>25</u> IF LESS than 1 day, _____ hrs. or _____ min.?
9. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work done, as engineer (type of) <u>At Home</u> (b) Industry or business in which work was done, as railway, mine (kind of), bank, etc. (c) Date deceased last worked at this occupation (month and year) (d) Total time (years) spent in this occupation		
10. BIRTHPLACE (City or Town) <u>Mt Pleasant</u> (State or Country) <u>Utah</u>		
11. NAME OF FATHER <u>Jacob Arnold Bigler</u>		
12. BIRTHPLACE OF FATHER (State or Country) <u>Bern Switzerland</u>		
13. MAIDEN NAME OF MOTHER <u>Pauline Oty</u>		
14. BIRTHPLACE OF MOTHER (State or Country) <u>Switzerland</u>		
15. INFORMANT (Signature) <u>Etha Quinn</u> Address <u>424 Sego Ave. S. L. C.</u>		
16. X BURIAL, CREMATION OR REMOVAL Place <u>Mt Pleasant, Utah</u> <u>July 5, 1937</u>		
17. UNDERTAKER <u>Olsen Mortuary</u> Address <u>Salt Lake City, Utah</u>		
18. FILED <u>July 3, 1937</u> <u>J. J. Bowler</u> REGISTRAR. REGISTERED NUMBER <u>1238</u>		

19. DATE OF DEATH (Month, day, and year) July 2, 1937

20. I HEREBY CERTIFY That I attended deceased from June 29, 1937 to July 2, 1937. I last saw him alive on July 2, 1937 at 6:30a m. death occurred on the date stated above, at _____ The principal cause of death and related causes of importance were as follows: Pulmonary Bronchopneumonia ? Barbitel Poisoning History indefinite 1951 Other contributory causes of importance: Probable overdose of Sodium Amide

Duration	Yrs. Mos. Ds.		
	Yrs.	Mos.	Ds.
<u>Pulmonary Bronchopneumonia</u>			<u>3</u>
<u>? Barbitel Poisoning</u>			<u>2</u>
<u>Probable overdose of Sodium Amide</u>			<u>1</u>

If operation, date of _____ Condition for which performed _____ Was there an autopsy? no

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide unknown of injury Probable July 29, 1937 Where did injury occur? Salt Lake City (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. home Manner of injury overdose of sleeping Nature of injury _____ Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) Leon Rano M.D. July 2, 1937 Address 699 E. S. Temple Salt Lake City Utah