

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

Do not use this space.

33253

1. PLACE OF DEATH

County Gentry
Township Albany
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4155

File No. _____
Registered No. 105
St. _____ Ward _____

2. FULL NAME

Enoch Hall Ireland

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

Husband of Lehasius Ireland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. ____ min.
70 | 1 | 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Sullivan County MO

10. NAME OF FATHER

Dennis Ireland

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

Elizabeth Eberhart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Andrew Ireland
(Address) Albany MO

15.

Oct. 29 25, 1925, W. T. Martin
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19th 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 12th 1928 to Oct 12th 1928 that I last saw him alive on Oct 12th 1928 and that death occurred, on the date stated above, at 8:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dehydration
of Heart

CONTRIBUTORY (SECONDARY)

unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. S. Campbell M. D.

Oct. 24, 1925 (Address) Albany MO

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Barnack Gentry DATE OF BURIAL Oct 15 1928
20. UNDERTAKER ADDRESS Albany MO

F. R. Shockey

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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