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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.

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

Do not use this space.

7030

1. PLACE OF DEATH
County Knox — Registration District No. 441 — File No.
Township Lyon — Primary Registration District No. 5601 B — Registered No. 322
City (No. St. Ward)

2. FULL NAME John Mathew Irwin.
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

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) Oct 10, 1852

7. AGE — YEARS 76 — MONTHS 3 — DAYS 24 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Finacier.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kenwood.
(STATE OR COUNTRY) Knox Co.

PARENTS
10. NAME OF FATHER David Irwin.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY) Mega.
12. MAIDEN NAME OF MOTHER Rosa Ann Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT (Address) Rosa M. Irwin

15. FILED 2/7, 1929 Geo S Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-3 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Feb-3, 1929, that I last saw h. alive on Feb-3, 1929, and that death occurred, on the date stated above, at S.P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11A Pneumonia (Bronchial)
11B
(duration) yrs. mos. Ten ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo S Brown, M. D
2/5, 1929 (Address) Edina Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery — DATE OF BURIAL Feb 6 1929

20. UNDERTAKER John W. Hudson — ADDRESS Edina Mo

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