

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

Do not use this space.

9727

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 439  
City St. Joseph (No. State Hospital for Insane #2) (Word)

2. FULL NAME

Irvin Attalussy  
(a) Residence. No. State Hospital St. J. B. Wash (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. / mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

male | white | single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) year 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 | unk | unk | unk

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

14. INFORMANT State Hosp. for Insane No. 2  
Address St. Joseph

15. FILED 3 APR 3 1929 John G. [Signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) mar 30 1929

17. I HEREBY CERTIFY, That I attended deceased from mar 15, 1929, to mar 30, 1929 that I last saw him alive on mar 30, 1929, and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary tuberculosis  
3/28 (duration) yrs. mos. da.  
4/1  
CONTRIBUTORY arteriosclerosis  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

18 WAS THERE AN AUTOPSY \_\_\_\_\_

18 WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) D. H. [Signature], M. D.

4/2, 1929 (Address) State Hosp. No. 2 St. Joseph

\*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 DATE OF BURIAL

State Hosp. for Insane #2 Apr 3, 1929  
20. UNDERTAKER ADDRESS

Heaton Bebold M. Bowman 319 So. 104. St  
by J. H. [Signature] Furness Home

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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237  
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