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

Do not use this space.

File No. 29812
Registered No. 3594

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: K.C. Mo. (No. 508 W 44th St. Ward)

Registration District No. 399
Primary Registration District No. 592

2. FULL NAME: Josephine Mary Irwin
(a) Residence. No. 508 W. 44th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Fem.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Owen P. Irwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 11-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	38	4	20	

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

9. BIRTHPLACE (CITY OR TOWN): Dubuque
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Valentine Kiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Gremberg
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Hagaler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Gremberg
(STATE OR COUNTRY): Germany

14. INFORMANT: Owen P. Irwin
(Address): 508 W 44th

15. FILED 9/1, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept-1 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1930, to Sept 1, 1930, that I last saw her alive on Sept 1, 1930, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation (with fibrillation and
99A decompensation)
95B (duration) 10 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Homer F. White, M. D.
9-1, 1930 (Address) 518 Argyle Bldg

*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: Dubuque Iowa
DATE OF BURIAL: Sept 2 1930
20. UNDERTAKER: Mrs. O. L. Forster
ADDRESS: K.C. Mo.

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.

3214 Italy.
Logan, 2901.