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.

SEP 22 1931

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

20657

1. PLACE OF DEATH
County Bucanhan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 674
City St. Joseph Mo. (No. State Hospital #2 St. Ward)

2. FULL NAME Margaret Irwin
(a) Residence. No. Kansas City Missouri St., Ward. Kansas City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Irwin 1876

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 9, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	8	16	

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) Not Known
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Hogans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Kathyerine Jobe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Missouri

14. INFORMANT Hosp. Records
(Address) State Hosp. #2 St Joseph Mo.

15. FILED 6-27 1931 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 25, 1931 that I last saw her alive on June 25, 1931, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paresis
General Paralysis of the Insane (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kansas City Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) George W. Forman, M. D.
June 25, 1931 (Address) State Hosp #2 St Joseph 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 Grant City, Mo — DATE OF BURIAL June 28 1931

20. UNDERTAKER H. O. Sidenfaden — ADDRESS 1802 Union s