

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.

21626

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 48th & Troost in Street St. _____ Ward _____)

File No. _____
Registered No. 27001

2. FULL NAME

Charles C. Irish
(a) Residence, No. _____ St., 15 Ward, _____
(Usual place of abode) 6135 Tracy (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ WIFE OF <u>White</u> <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 4, 1888</u>		
7. AGE <u>65</u>	YEARS <u>9</u>	MONTHS <u>70</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>St. L. & S. P. Ry. Co.</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

PARENTS

10. NAME OF FATHER

Jonathan Irish

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Coroners Record

14.

INFORMANT

(Address)

Effie Irish
15135 Tracy, Ave

15.

FILED

IS

6/25/31
m m crou
cost REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6-24-1931

17.

I HEREBY CERTIFY, That I attended deceased from _____

_____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental Automobile

Train collision

VIOM

CONTRIBUTORY (SECONDARY)

Pedestrian

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Charles H. Hall, M. D.

6-25-1931 (Address) Deputy Coroner

*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

Mt. Moriah

6-26-1931

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster

K.C. Mo.

