

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

Do not use this space.

29265

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 3037
City Kirkwood, Mo. No. 625 E. Jefferson Ave. St. _____ Ward _____

File No. _____
Registered No. 184

2. FULL NAME

(a) Residence No. 625 E. Jefferson 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 7 - 1908</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>-</u>	DAYS <u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>Lyman E. Irwin</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ills.</u>
	12. MAIDEN NAME OF MOTHER <u>Grace Coulter</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ills.</u>

14. INFORMANT Lyman E. Irwin
(Address) 625 E. Jefferson, Kirkwood
15. FILED 8/15 19 31 P. E. Barrett REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1931
17. I HEREBY CERTIFY That I attended deceased from Aug 12 1931 to Aug 14 1931 that I last saw her alive on Aug 14 1931 and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis (Pulmonary)
23A
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23
(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 Smear & X-ray
(Signed) W. C. Carpenter & Smith, M. D.
8/15, 1931 (Address) Webster Bros.

*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 <u>Marissa Illinois</u>	DATE OF BURIAL <u>Aug 17 1931</u>
20. UNDERTAKER <u>Louis H. Ropp</u>	ADDRESS <u>Kirkwood Mo</u>

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.

25 1931

