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.

JAN 19 1932

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

Do not use this space.

40049

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Saltriver — Primary Registration District No. 3002 — Registered No. 140
City Mexico (No. , St. Ward)

2. FULL NAME Sam Irvine

(a) Residence, No. 72I E. Park St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
~~5~~ 9	59	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Unknown

17. INFORMANT (ADDRESS) Minnie Irvine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Cemetery DATE Dec 6th 1931

19. UNDERTAKER (ADDRESS) A. L. Reynolds Jr 616 E Kaiser Sad St

20. FILED Dec 5th 1931 Ira S. Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3rd 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1931, to 12-3, 1931
I last saw him alive on 12-3, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82A	
97	
102	

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. J. Ector, M. D.
(Address) Mexico Mo.

1931 - 12 - 3
59 - 2 - 24
1872 - 9 - 9