

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.

40201

40111

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph,

85

Registration District No.

Primary Registration District No.

(No. 2424 North 7th.)

File No.

Registered No.

1246

St. _____ Ward _____

2. FULL NAME

Sarah Isabelle Irwin,

(a) Residence, No.

2424 North 7th.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed,

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

Joseph R. Irwin,

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

Oct. 17, 1848

7. AGE

YEARS 83

MONTHS 1

DAYS 26

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home,

10. Date deceased last worked at this occupation (month and year)

December 1931,

11. Total time (years) spent in this occupation

60

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

Helena, Missouri,

FATHER

13. NAME

William Sale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Kentucky,

MOTHER

15. MAIDEN NAME

Rebecca Tate,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Kentucky,

17. INFORMANT (ADDRESS)

James M. Lowin, 2424 North 7th Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Helena, Mo.

DATE Dec. 15th, 1931

19. UNDERTAKER (ADDRESS)

Heaton-Belale & Bowman, 319 S. 10th St. Funeral Home

20. FILED

12-14 1931

John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 13, 1931,

I last saw him alive on Dec 12, 1931 Death is said

to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Bright's Disease Chronic

Date of onset

Other contributory causes of importance:

Sensitivity

Name of operation _____ Date of _____

What test confirmed diagnosis? General 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) Dr. Joseph M. [Signature] M. D.

(Address) St. Joseph, Mo.

