

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Butler
Township Gillis Bluff
City Quilin, Mo. (No. _____, _____ St. _____ Ward _____)

Registration District No. 92
Primary Registration District No. 5137

File No. _____
Registered No. _____

2. FULL NAME Imogene Irby

(a) Residence, No. _____
(Usual place of abode)

7 Weeks _____
_____ ^{St.} _____ Ward _____

(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 (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1924</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>7</u>
		DAYS
		<u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Child</u>
	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)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Rosie Claire, Ill.</u>
	13. NAME	<u>Hasting Irby</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Rosie Claire, Ill.</u>
	15. MAIDEN NAME	<u>Katie Moore</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Hardin Col Ill.</u>
	17. INFORMANT (ADDRESS)	<u>R. L. Ladbetter Quilin, Missouri</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Ash Hill Cemetery 1/30/32</u>
	19. UNDERTAKER (ADDRESS)	<u>Greer Undertaking Co. Poplar Bluff, Mo.</u>
	20. FILED	<u>Feb 15, 1932 Scott Cook Registrar</u>

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932, to Jan 28, 1932
I last saw her alive on Jan 27, 1932. Death is said to have occurred on the date stated above, at 5:30 PM
The principal cause of death and related causes of importance were as follows:
Hemorrhage of stomach Date of onset 1/27/32
117A 118C 117A
Other contributory causes of importance:
Quinine Poison
9
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

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) Scott Cook, M. D.
(Address) Quilin, Mo.

123 25 1932

