

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

Do not use this space.

15801

1. PLACE OF DEATH  
 County Franklin Registration District No. 297  
 Township Washington Primary Registration District No. 2016  
 City Washington (No.         ) St.          Ward           
 2. FULL NAME Walter Stephen Irwin  
 (a) Residence, No. Helena Ark St.          Ward           
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)           
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. 20 0 0  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. actor 192  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barker shows  
 10. Date deceased last worked at this occupation (month year) May 4, 1932 11. Total time (years) spent in this occupation not known  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena Ark  
 MOTHER FATHER 13. NAME Not known  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
 17. INFORMANT (ADDRESS) Barker Shows, 60.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Helena Ark DATE May 29 1932  
 19. UNDERTAKER (ADDRESS) Washing ton Mo  
 20. FILED May 29 1932 O. L. Murrell Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Coroners request, 19        , 19        .  
 I last saw h.          alive on May 23, 1932. Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Unknown  
Possible acute indigestion  
According to testimony of associates  
 Other contributory causes of importance: Unknown  
118c (5)  
 Name of operation none Date of           
 What test confirmed diagnosis? clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Sudden Date of injury         , 1932  
 Where did injury occur? Natural causes  
 (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) W. S. P. Chaffer Coroner  
 (Address) Helena Ark

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.

JUN 22 1932

