

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

Do not use this space.

31228

1. PLACE OF DEATH

County Texas Registration District No. 15
 Township Morris Primary Registration District No. 6139
 City Cabool (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hannah Irwin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11, 1854</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>10</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>45</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) <u>1931</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasslough, Ireland</u>		
13. NAME <u>John Irwin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME (unknown) <u>Mitchell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Mr. O. D. Scott</u> (ADDRESS) <u>N. C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Murray Cemetery</u> DATE <u>Sept 5, 1932</u>		
19. UNDERTAKER <u>Gaylord V. Elliott</u> (ADDRESS) <u>Cabool Mo</u>		
20. FILED <u>Sept 7, 1932</u> <u>L. E. Francis</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1932 to 9/4, 1932
 I last saw him alive on 9/3, 1932. 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:
Intestinal tumor complicated with cordage insufficiency of acute nephritis
 Date of onset 8/27/32

Other contributory causes of importance:
130
958

Name of operation TG 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?
 If so, specify _____
 (Signed) J. E. Suber, M. D.
 (Address) Mt. Vernon Mo

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.

SEP 27 1932

