

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

Do not use this space.

1933

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.

1. PLACE OF DEATH  
 97 County Saline Registration District No. 794 File No. 4274  
 Township Cambridge Primary Registration District No. 60 37B Registered No. 2  
 City State (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elmer Eugene Irwin  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-1932  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 17  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby  
 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 \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo. (STATE OR COUNTRY)  
 13. NAME Elmer Irwin  
 14. BIRTHPLACE (CITY OR TOWN) Logan Co. Kans. (STATE OR COUNTRY)  
 15. MAIDEN NAME Sena Kravitz  
 16. BIRTHPLACE (CITY OR TOWN) Howell Co. Mo. (STATE OR COUNTRY)  
 17. INFORMANT Elmer Irwin (ADDRESS) State Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE State Mo. DATE 1-17-33  
 19. UNDERTAKER Hill Brothers (ADDRESS) State Mo.  
 20. FILED 1 16 1933 W m Tuttle Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1933, to 1-15, 1933  
 I last saw him alive on 1-15, 1933. Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Spontaneous pneumo  
11A  
107A 110A  
89A  
 Other contributory causes of importance:  
Suffocant agents  
of the lungs } 1933  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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. S. Leonard, M. D.  
 (Address) State Mo.

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