

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

Do not use this space.

1. PLACE OF DEATH

County **DeKalb**

Registration District No. **259**

Township **Adams**

Primary Registration District No. **4158**

City

(No

File No. **16141**

Registered No.

St.

Ward)

2. FULL NAME **James Riley 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

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mary E. Irwin

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

March 31 1859

7. AGE

YEARS

74

MONTHS

1

DAYS

19

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Farmer

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)
(STATE OR COUNTRY)

DeKalb Co.,

FATHER

13. NAME

Wm. R. Irwin

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

Clay Co. Mo.

MOTHER

15. MAIDEN NAME

Frances Hart

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

Clay Co. Mo.

17. INFORMANT

Mary E Irwin

(ADDRESS)

Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL

Irwin Cem.

DATE

5/21 33

19. UNDERTAKER

U. G. Pilcher

(ADDRESS)

Maysville Mo

20. FILED

May 21 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from

May 13 1933, to May 20 1933

I last saw him alive on **May 20 1933**. Death is said

to have occurred on the date stated above, at **2 P. m.**

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

Cerebral Embolism

Date of onset

May 13 1933

Other contributory causes of importance:

Chronic Endocarditis

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

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)

(Address)

Dr. L. D. Tibbles
Maysville, Mo.

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 1933

