

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

2320

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Ray Primary Registration District No. _____
City N. P. 2200 No. 1811 Cypress St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mable Irvine
(a) Residence, No. 1811 Cypress 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor Irvine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-9-1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 7 23

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

13. NAME Wm Huff

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

15. MAIDEN NAME Margaret Losh

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

17. INFORMANT Victory Irvine (ADDRESS) 1811 Cypress

18. BURIAL, CREMATION, OR REMOVAL PLACE Richlandale, Pa. DATE _____, 19__

19. UNDERTAKER Mrs C R Foster (ADDRESS) 918 Brooklyn

20. FILED 6-3 1933 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-2, 1933

22. I HEREBY CERTIFY, that I attended deceased from Apr 30, 1933, to June 2, 1933

I last saw her alive on May 27, 1933 Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Carcinoma Uteri. Date of onset _____
48
71B
48
Other contributory causes of importance:
2nd Deg Anemia.
+ Metastasis

Name of operation Laparotomy Date of May 3/33
What test confirmed diagnosis? Tissue Was there an autopsy? no

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) H. K. Jensen M. D.
(Address) 516 Chambers Bldg.

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.

335
Cardinal, Pa

Dr. Yungst.

Chamber Bldg
Ha 0231