

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.

NOV 10 1933

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

Do not use this space.

32317

1. PLACE OF DEATH

12 County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 7 City Caplar Bluff Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 2

2. FULL NAME

Vern Gene Irons
 (a) Residence, No. Dexter Mo. 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

3. SEX Male 4. COLOR OR FACE 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) Feb 7 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 8 2

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

13. NAME Vern T Irons

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

15. MAIDEN NAME Bernice Howell

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

17. INFORMANT (ADDRESS) V. T. Irons Essex Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cem DATE Oct 10 1933

19. UNDERTAKER (ADDRESS) Gloyd Morgan Dexter Mo

20. FILED 10-16 1933 W. S. Tolley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1933 to Oct. 9 1933

I last saw him alive on Oct 9 1933 Death is said to have occurred on the date stated above, at 1:25 a.m.

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

Laryngeal Diphtheria

Date of onset 10/3/33

Other contributory causes of importance: 10

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 _____ 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) W. S. Brandon M. D.
 (Address) 1174 N. Main Caplar Bluff Mo.

