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.

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

Do not use this space.

40091

1. PLACE OF DEATH
County Jackson — Registration District No. 5 2 2
Township Kaw — Primary Registration District No. 1002 — File No.
City Kansas City (No. Research Hospital St. Ward) — Registered No. 4896

2. FULL NAME Gustavus M. Irwin
(a) Residence, No. 811 East 39th 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: Maude Irwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 27, 1870

7. AGE: Years 63 — Months 3 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millinery
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): Indiana

FATHER
13. NAME: No information
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER
15. MAIDEN NAME: Mansies
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Mrs. Maude Irwin 811 East 39th St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill Cem. DATE Dec 14 1933

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED 12-14 1933 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Dec 11, 1933.
I last saw him alive on Dec 11, 1933. Death is said to have occurred on the date stated above, at P. m. 7:03
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery occlusion	3 days
59	
94 B Cardiac failure Sudden	2 days

Other contributory causes of importance:

Diabetes	3 yrs.

59

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? no
If so, specify .....
(Signed) Lindsay S. Imbert, M. D.
(Address) 1132 Rossmore Bldg

[illegible]

[illegible]

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APR 11 1951