

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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 5097
City Kirkwood mo (No., St. Ward)

File No. 6306
Registered No. 52

2. FULL NAME Anna Grace Irwin

(a) Residence, No. 625 E. Jefferson Kirkwood mo. Ward.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyman Irwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 6

OCCUPATION 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) Illions

FATHER 13. NAME Arthur Park Boulter

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

MOTHER 15. MAIDEN NAME Thabe Jackson

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

17. INFORMANT Lyman E. Irwin (ADDRESS) 625 E. Jefferson Ave Kirkwood mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harissa Bl DATE 2-10 1934

19. UNDERTAKER Louis H. Bopp (ADDRESS) Kirkwood mo

20. FILED 2-8 1934 Annette J. Ingle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934 to Feb. 8, 1934

I last saw her alive on Feb. 7, 1934 Death is said to have occurred on the date stated above, at 4a .m.

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

Broncho pneumonia
115A
115B
Other contributory causes of importance:
Septic nasal tonsillitis

Date of onset 2-7-34
2-5-34

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify

(Signed) R. J. Wachs, M. D.
(Address) Kirkwood Mo.

