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

Do not use this space.

File No. 19060

Registered No. 164

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 1178

Township Carondelet Primary Registration District No. 624800

City Jefferson Barracks, Mo. (or Veterans' Administration Facility, St. Ward)

2. FULL NAME Edward IRBY

(a) Residence, No. 1027 Armstrong, St. Louis, Mo. 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.

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 26 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Margaretha Irby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, — hrs. or — min.
42	3	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Winter, 1932

11. Total time (years) spent in this occupation Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

FATHER

13. NAME Sam Irby

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

MOTHER

15. MAIDEN NAME Eliza McClund

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

17. INFORMANT E. T. Gallagher M.D. Act. Clin. Dir.
(ADDRESS) Vets. Adm. Fac. Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE May 22, 1934

19. UNDERTAKER Mullen Bros.
(ADDRESS) 4259 Lindell Blvd.

20. FILED May 14, 1934 B. H. Tate M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to May 19, 1934

I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at 8:10 A.M.

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

Acute hemorrhagic gastritis associated with acute peptic ulcer complicated by severe gastric hemorrhage — Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? History, X-Ray, Laboratory & Clinical manifestations Was there an autopsy? Yes

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. C. GIBSON, M.D. Manager, M.D.

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.